Tuneral

Home Myersville, M

FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

CONTRACTOR OF STREET TANGET STATE SEC MATE DEE All Assentance was a Ann Crymanican - 7-26-62 shathantry transferry smithshards Addition moderate students are symmetric to the

		1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 2	40.	) 2	8 9
365			CEASED NAME OR PRINT)	FIRST	20	AP.	Bi	geant	2a. DATE OF DEATH	7 19	YEAR SE	26 HOUR 4:00 pm
	1)	_	ale			ite	5. DATE O	FØIRTH 18 1901		YRS	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Luminal Strain 72 H	23	E .	RTHPLACE (STATE OR FOCUMENT)  VA.  ITY OR TOWN OF DEA		U.S.	WHAT COUNTRY	WIDOWE	NEVER MARRIED DO DIVORCED DO ROTHER INSTITUTION	9. BALTIMORE CITY Washing	ton		MD.
in by the effect with	19	На	gerstown		Vashin	gton Co	ounty	Hospital	Radio Te	of working life)	Self!	Employed
ly filled should b	15		AL RESIDENCE (IF NURSISTATE PA.	Ful	ton	Warfor	ds.	13d. INSIDE CITY LIMITS? YES NO TO TO THE NOTHER'S MAIDEN NO	Rt. 2 Bo	x 101A		
complete s 1 and 2	29		Homer VAS DECEASED EVER			Bageant		Laura  17. INFORMANT	E. MIDDLE		XX Si	rbaugh
e be execution and constant and	3		YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH	(IF YES, GIV	WAR OR DATES)	\$77-07-		Mary E. B		ame as		IMATE INTERVAL ONSET AND DEATH
ures that the death certification by the attending phen please remove carbon pound; cremation, or remove, or other troumatic ever		7	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	which ediote the lost.	DUE TO, C	DR AS A CONSECU	Ar And UENCE OF	oppratory  achreid	Monorby Minal DISEASE OR CON	NDITION GIVEN	IN PART 100	01
ne law requents has been s permit. The	9	CERTIFICATION	19a, DATE OF OPERAT	ION	19b. COND	DITION FOR WHIC	H OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	NG CAUSES	NGS USED OF DEATH?
SICIAN: 11 ng physicir certificate riial-transit ental Hygi	9		710. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	111		DAY YEAR	2Tc. HOW INJURY OCCU				
offer this os the but thought and M	1	MEDICAL	21d. INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR			OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	211. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
At Ow Attendor the hospital or At DIRECTOR, A detached for use the Dept. of Heal If, if Hem 21 is mo			220.1 certify that (I) saw the decrase above, (h (we) (d) 276. SIGNATURE	d alive on,		10	, on	d that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN I	MEDICAL STA	UFF.		that (I) (we) lost couses stated
etbined by TO FUNER should be swift the St.	1		724 PHYSICIAND	Ta	111	A Ep57	lein	Little An Keedysvil	tietam Me le, Md. 2		Cente	r
			SURIAL, CREMATION, F	KEMOVAL	23b. DATE	230	NAME OF CE	EMETERY OR CREMATORY	734 LOCATION		OUNTY	STATE

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

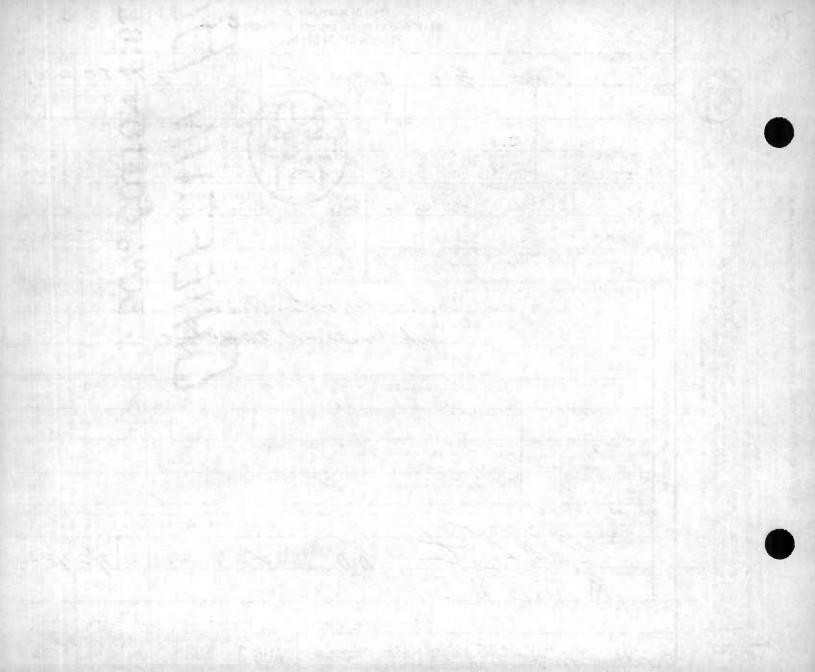
7/21/82

23c NAME OF CEMETERY OR CREMATORY Lutheran

Warfordsburg

Fulton

Burial Cem. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRA SIGNATURE 141 West Main Street 1982



8	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2 1	9290
(aca)		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
( 解刑 )		Richa		Barkley, Sr.		82 ^
(42 19	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS (AST BIRTHDAY)	HUNDER I YEAR IF UNDER 24 HRS
26.85	700	Male RTHPLACE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTR	June 27, 1926	56 YRS.  9. BALTIMORE CITY OR COUNTY	OFFICATION
18 28	1	COUNTRY)		MARRIED WEVER MARRIED		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. C	ITO TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED TO DIVORCED TO DIVORCED	Washington	County MI
53 DC	1	lagerstown	(IF NOT IN SUCH FACILITY, GIVE STRI		(TYPE OF WORK FOR MOST OF WORKING LIFE	INDUSTRY
52 307	USU	AL RESIDENCE (IF NURSING HOMEON	ROTHER INSTITUTION, GIVE RESIDENCE BEFINTY 134. CITY OR TO	Lvania Avenue  ORE ADMISSION)	IMechanic	
mpletely filled on 2 should be seen as a seen			ington Hager		136. STREET ADDRESS 2377 Pennsylv	ania Ave
detely d 2 sh		ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	antia Ave.
	F	lovd	P. Barkle	v Virgie Re	xode "Lamb"	(AS)
Poges		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SE		ADDRESS	
S. Po				0-0164 Sarah Jen	nings Same as	13e
tending physicior re corbon popers. on, or removol. umotic event, the		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b),	and (c).)	1_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng physic conpopulation			TE CAUSE (0) Cardi	opulmonary	arrest	
nove corb nove corb otion, or troumotic		2031	DUE TO, OR AS A CONSEC		La Lamia	
the otten remove c emotion, er troum		Conditions, if any, which gove rise to immediate	(b) Chroni	c myelogenou	s leukemia	
> 0 0 €		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	DENCE OF Scherosis		
gned b in pleas burial, ry, or o		PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART TO
15 5 5 E	NO O	alcohol	abuse by	history		
cote hos beer consit permit. Hygiene prior 18 shows ony i	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
nsit peri	RI				YES NO YES	NO D
ol-tronsit trol Hygic m 18 sh		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18. P.	ART 1 OR PART 2)
, SESE	MEDICAL	LIFEITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFIC	E FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
After the os the olth ond norked		AT WORK AT WORK	tall attended the deceased from	10 10 10 11	2 12	10 87 11 11 11 11 11
f Hee			it while body after death.	CO. 17	deoth occurred on the date and hour	19, that (I) {we\last r and from the couses stated
DIRECTOR: oched for us Dept. of He f hem 21 is		above, (I) (was the did no	of why the body after death.	DEGREE		22c DATE SIGNED
V		/ horas	1/ Lumay	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
FUNERAL Ind be deto		72d-PHYSICIAN'S NAME INTO	Se Mathet	22e. ADDRESS	DIRECTOR   FITTSICIAN	
Dat 80		George C. N	Wewman, III, Ph.	D. M.D. 1825 Hov	well Rd. Hagerst	own. MD. 2174
Short Short		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
3P		Burial	7-10-82 F	Rest Haven Cemet	erv Hag. M	Oler Man
H- 16 30M 2/80	24. FI	JNERAL DIRECTOR	1601 Pe	enn. Ave. 250. DA	TE REC'D. BY BE BERAR AND THE OFFI	S SIGNATURE
(VRA 15, 4)	Re	st Haven Fun		Hag.,MD JU	T 7 1305	

During NV or a state of the sta He ereconn Living Farmsylvania Evenue I Rechem c Maryland Washington Hagerstonic E. 2577 February Lynch Tes 10-44.7-46.235- N-O'ck karuh Jemingt Some as 136 K Secretary in the contract of the second in amoretism, the capture Portlal '/--0-82 heven Compteny her Madie 100 -/ Leline Ne.

The season of th

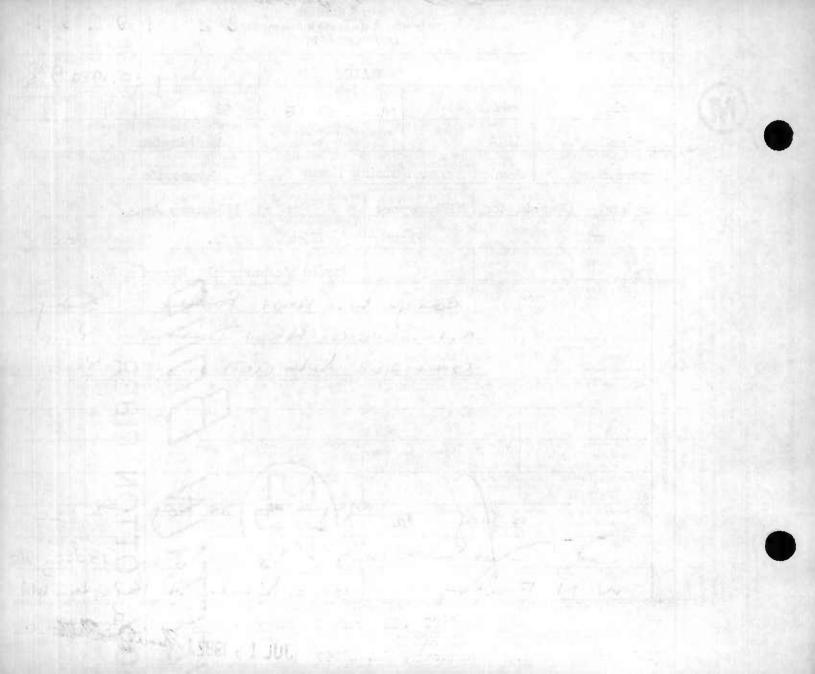
ampletery filled in thy the fu

	1.	FOR STATE			DEPARTM	NENT OF H	E OF MAKTLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	1 9	9 2	9	1
	1 05	REGISTRAR CEASED NAME	FIRST		MIDDIE		AST	REG. N	O. MONTH DA	Y YEAR	I and the second	
		OR PRINTI	Bessie		enus		AUM	DATE OF DEATH	الم		26 HOU	29
	3 SE		JOBBIO	4 RACE	211 U.S	5. DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER	24 HRS
		female		white		MONTH		93	MO	ONTHS DATS	HOURS	MIN
-	70. BI	IRTHPLACE (STATE OR)	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
55	Ma	aryland	M-E.	USA		WIDOWE	D NEVER MARRIED DIVORCED	Washir	ngton			MD.
0,	10 C	ITY OR TOWN OF DEA	ATH	HE NOT IN SUC	HEACHITY GIVE STREET A	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION	176. KIND O	F BUSINE	
10		agerstown		Avalor	Manor N	lursin	ng Home	house		INDOSTRI		
25	13a S	AL RESIDENCE (IF NURS STATE aryland	136 COUN	OTHER INSTITUTION ITY ington	Williams	V	134 INSIDE CITY LIMITS?	13e STREET ADDRESS Milestone	e Apts	4 74		
1.	14 FA	ATHER'S NAME		MIDDIE	1057		15. MOTHER'S MAIDEN NA	ME				
10		Charles	5	MIDDIE	Sh	aw	Eliza	E.		Ĝ	reen	ı
1		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE				
		No					Harold Mess	ersmith, H	ampton			
		18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly one couse per D BY:				6.0		MINISH	MATE SATES	DEATH
		4140	IMMEDIAT	E CAUSE (0)	con c	1an	Hue Heart	10.00	4	3	Asri	14
		Conditions, if ony,	udalah	DUE TO, O	RAS A CONSEQUE		adia Hen	Ni CE L	Q de .	4	244.0	}
	110	gove rise to imm	mediote	(b)_	R AS A CONSEQUE		404611-0	3.(		7		
		underlying couse		(0)	Gen+		d Anderio	1 cleron	1	40	270	
	Z	PART 2. OTHER SIGN	VIFICANTO	ONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110		
a	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, V	WERE FINDIN	IGS USEC	
	TIFIC			(Signal				YES NO	YES	NG CAUSES	OF DEAT	
0		210. ACCIDENT WAS UNE		216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T   OR PART 2)		-
7	MEDICAL	(IF EITHER NOTIFY MEDI	CAL EXAMINER	μ.	M.	19	1			- 1		
4	MED	21d. INJURY OCCURE		THE PLACE	OF INJURY SELFMION OFFICE IN	1311.886	211. LOCATION	CITY OR TO	WN	COUNTY	S	TATE
		AT WORL AT WO	11		-/		Man Qu	15 34	O.	80		
		22s.1 certify that (1) saw the decease			od 10 E	7_ 0	nd that in (m) (our) apinion i		19		that (1) (v	
		obove, (I) (we) (c 22h SIGNATONE	did) (did not	view the body	often death.	100	DEGREE		7	22c. DATE		red
				Va	2	w	ATTENDING PHYSICIAN	MEDICAL STAI	F IANI 🗆	153		198
-		774 PHYSICIAN'S N	AME TIME O	min X			27e ADDRESS	DIRECTOR THIS				
		W.1	N.	Follo	A-		138 E. A	ntietam Si	t. Ha	of ers to	I man	MA.
	23a. B	BURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION	-	Sunt		Att
		irial					rest Cemeter		and, A	lleggy	W.A.N	ld.
1		JNERAL DIRECT <b>OFT!</b>					1111	1 9 1982	named	The state of the s	THE .	
	41	5 E. Wilson	n Blv	d., Ha	gerstown,	Md.	Z1740 JUL	T 9 100r				

DHMH - 16 50M 1/8 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending private should be detached for use as the burial-transit permit. Then please remove carban papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar immediate



1	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 2	10.	9 2	9 2
Ī	DECEASED NAME (TYPE OR PRINT)	Edwin-	C	harles harlès	Be	eachley DEAchley	20. DATE OF DEATH	07 - 1	9- 82 2	HOUR
3	. SEX Male	4.	RACE	White	S. DATE C	5- 10 - 1897	6. AGE (IN YEARS LAST BE			UNDER 24 HRS
7	e. BIRTHPLACE (STATE OF Mary land	R FOREIGN 7b	USA	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED	BALTIMORE CITY O	_	F DEATH	MD.
	0. CITY OR TOWN OF DE Hagersto	wn	Weste	ern Md.	ADDRESS) Stat	orother institution  e Hospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Sales	OF WORKING LIFE)	12b. KIND OF B INDUSTRY A Zum.	usiness or Siding
	JSUAL RESIDENCE (IF NUI 130 STATE Maryland 4 FATHER'S NAME	Washin	1	GIVE RESIDENCE BEFORE 130. CITY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS? YES NO 2	130. STREET ADDRESS Route	)		
	Charles		vin	Beachl	U	13 MOTHER'S MAIDEN NA	MIDDLE	500	Huntsh	pery
	60 WAS DECEASED EVEI (YES, NO OR UNKNOWN) NO	(IF YES, GIVE V		16b. SOCIAL SECU	IRITY NO.	Gary Jones,				
	Conditions, if on gove rise to in couse (a), underlying couse	WAS CAUSED I IMMEDIATE y, which imediate ing the	DUE TO, OI	RAS A CONSEQUE	ral	charic Columbia	ord of	ro Long	APPROXIMAL BETWEEN ONS WEE  Yen  196	IE INTERVAL ET AND DEATH
	PART 2. OTHER SIG					NOT RELATED TO THE TERM	200 AUTOPSY? YES NO	20b. IF YES, V	WERE FINDINGS	
10 B	00.000,000,000,00	CAUSE OF DEATH	21b. TIME O HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	T I OR PART 2)	had
	(IF EITHER, NOTIFY MED		21e. PLACE (	OF INJURY EET, FACTORY, OFFICE F	ARM ETC )	211. LOCATION STREET	City del to	own.	COUNTY	STATE

22a.1 certify that ( (this hospital) attended the deceased from (🍑) opinion deoth occurred on the date and hour and from the causes stated sow the deceased alive an above, (1) (4) (did) (4) view the body ofter death 22b. SIGNATURE DEGREE 7/19/82

Wilson Blud.

Mohtar Milaninia, M.D.

NOT WHILE

ATTENDING PHYSICIAN

Western Maryland Center, Hagerstown, Md.

MEDICAL STAFF
DIRECTOR PHYSICIAN

23a. BURIAL, CREMATION, REMO	VAL	23b. DATE			23c. NAME	OF	CEMETERY	OR CREMATOR	Y
burial		July	21,1	982	Ros	se	Hill	Cemeter	y
24 FUNERAL DIRECTOR MINNICH	FUI	VERAL	HOME	ADDR	ESS			JUI	)A

Hagerstown

23d. LOCATION CITY OF TOWN

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is morked or them 18 shaws ony

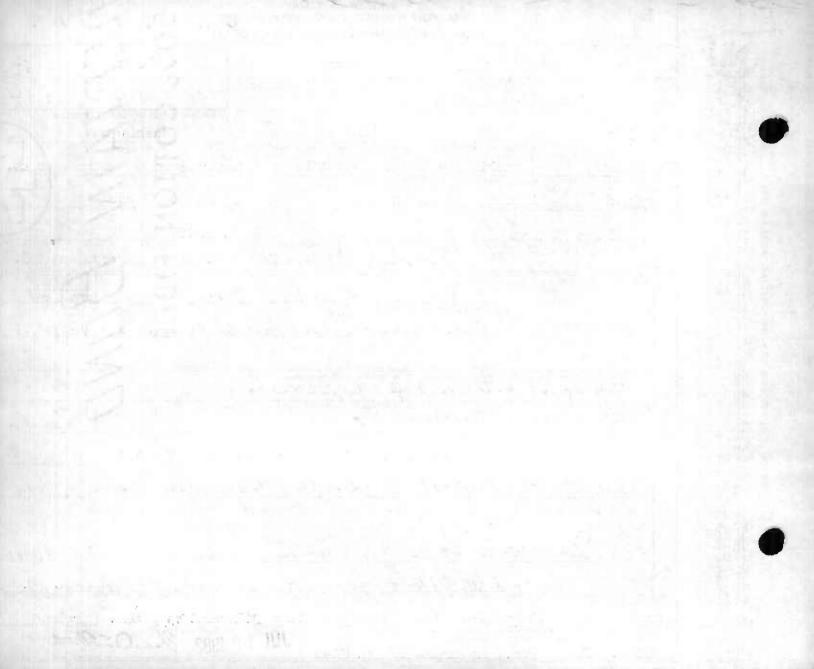
Section Section - continue of the section of the se 18 - - 48/I - 01 - CO - 66/17/ e e 

	1.	FOR STATE REGISTRAR	DEPART		ALTH AND MENTAL HYG CATE OF DEATH	IENE O A		9 4	9 3
		CEASED NAME FIRST	MIDDLE	LA!	ST	20. DATE OF DEATH		DAY YEAR	26 HOUR
	(TYP)	William	Harper	Bed	ck	Jui	Ly 27	. 1982	6:45 A
15	1 SE	X	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BE	V	IF UNDER 1 YEAR	IF UNDER 24 HRS
7)		Male	White	MONTH 7	/ 29 / 91	90	YRS	MONTHS BAYS	HOURS MIN.
3	100	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	X NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY	OF DEATH	
	10. C	ITY OR TOWN OF DEATH  gerstown	11. NAME OF HOSPITAL, NURSING MATTER NOT IN SUCH FACILITY, GIVE STREET MATYLAN	NG HOME OF	OTHER INSTITUTION	120 USUAL OCCUPAT	ION		OF BUSINESS OR
35	13a	AL RESIDENCE (IF NURSING IT ME) TATE  III DE	OTHER INSTITUTION GIVE RESIDENCE BEFOR UNITY 134 CITY OR TOW ZIHLMA	RE ADMISSION)		130 SIREET ADDRESS	BOX	167	
10	14 F/	JOSEPH	MIDDLE BECK		15. MOTHER'S MAIDEN NA/	MIDDLE	di	BRO	
2		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)  YES  (IF YES, O	GIVE WAR OR DATES)		MRS. WILLI			STBUR	
			only one couse per line for (o), (b), or SED BY.  ATE CAUSE (o) Acute pu		y edema				hours
		Conditions, if ony, which gave rise to immediate couse (0), stating the underlying cause lost.		ve hear	ic cardiovaso			Ma	-72 hour
2	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO			20a AUTOPSY?	20b. IF YES	, WERE FIND	INGS USED S OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		AY YEAR	21¢ HOW INJURY OCCUR	YES NO	1	ART I OR PART 2)	NO 🗍
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	P.M.  21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE.	FARM, ETC.)	211. LOCATION STREET	CITY OR IC	)WN	COUNTY	STATE
		220.1 certify that (1) (this has	pital) attended the deceased from 7/27 19	10/2 82 one	6 19 81 that in (my) ( <b>X</b> r) opinion of	to 7/2	ote and hour		that (h (we) las
		NATURE S	THE PRINT	ms	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		122c. DATE	39/82
		Fe U. Porcium	cula, M.D.		1500 Penn. A		town,	MD 21	740
		BURIAL, CREMATION, REMOVA	7/30/82 F	ROSTE	METERY OR CREMATORY BURG MEM. P	Z3d LOCATION CITY OR TOWN  FROSTBI	Bank	Que 2	MD.
31	24 F	OWERS FUNER	Source 60.W.		ST. AUG	RIC'D. BY HOKIRAN	25b. REGISTI	riar's signa	TURE

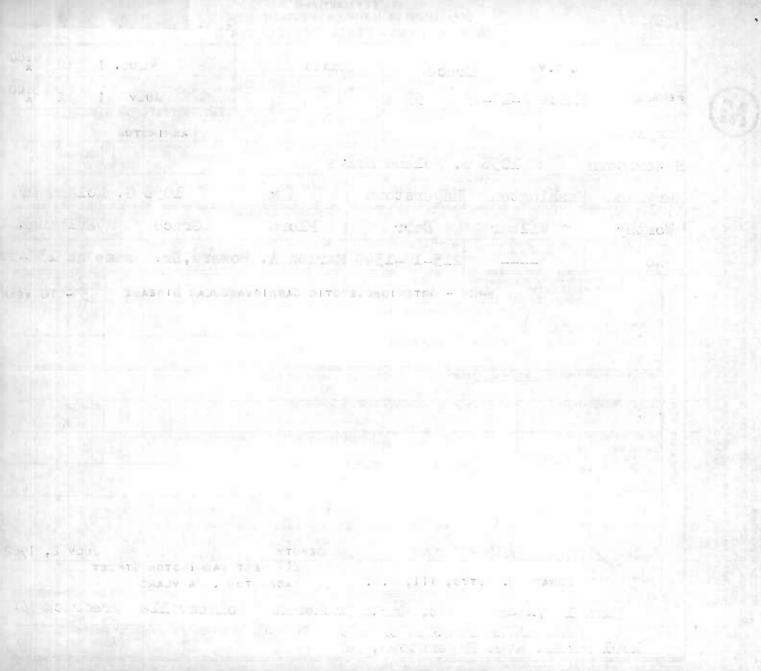
STATE OF MARYLAND

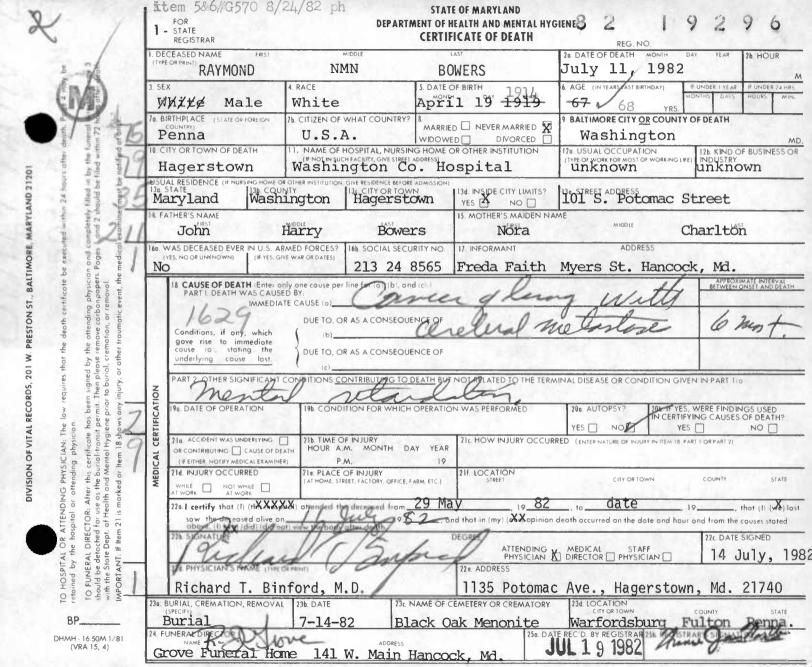
Batta Sort, Estina		doos	regreat	pastelli.
	et In Ve	17.5	687.54	nale
no solution	Mary Control		.A.E.U	hostersM _
		Tayaro Bao	Lighter mestern	in corpton and
T. 2. JOY 167	L A	MAN	MBIA XWAD	in .cr
Dinas - Land	a rowh.		.0.29	Roman.
3508. C. 2, 808 169.	MALEGIW	417451.30		A SITY
Picora Pi Incora		o granas.Dog		
muna squality	Bruthe	appoint over		
managa ganta anamaka s		. Ljurajosu	line and	
X - 5 1 2/1	-13			
		1.8	13/17	x x
			A LANGUE .	
Lagra eval, NO SAPPO	A 3 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		the pelon	is U. Foreign
. ne Filia Ca departe	AND AND S	ID REPEAT OF	7/30/82 	Life ALT TO 1
		The state of the s	necessary a harmonical state	

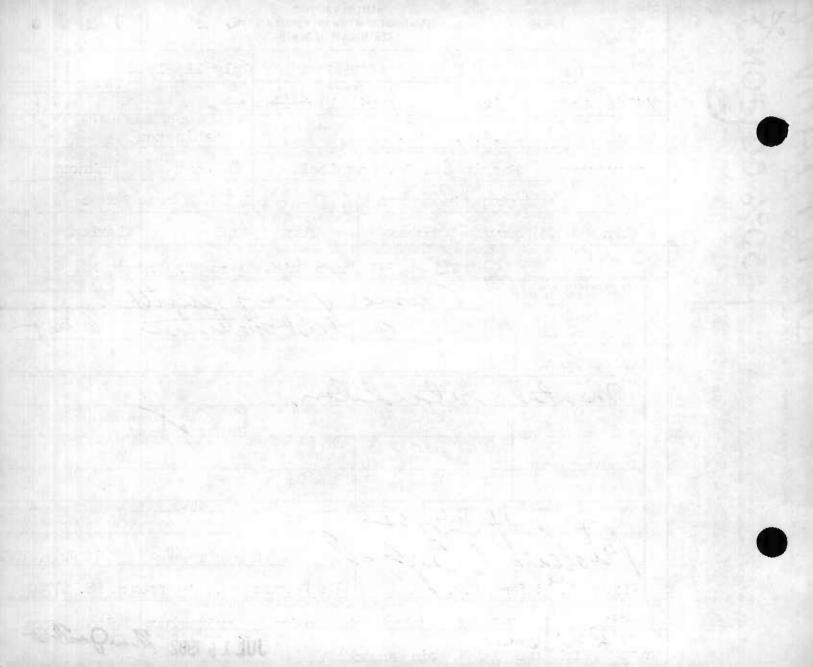
11-	FOR STATE				STAT MENT OF H EXAMINI	EALTH		ENTAL H	-	Since .		9	29	eq
	REGISTRAR CEASED NAME PE OR PRINT)	First Maude		WIDDLE	EXAMIN	BEI	AST	CATEO		o. DATE KN	ESTI-	MONTH	DAY YEAR	26. HOUR 6 30 M
J. SE	male	* RACE white	5. DATE OF BIRTH MONTH DAY Aug. 22, 1	YEAR 904	6. AGE (IN YEAR LAST BIRTHDAY	IF UNE	DER 1 YR.	IF UNDER		C DATE RONOUNCI DEAD	FD.	MONTH July	DAY YEAR	2d HOUR
等点と 一 FC	RTHPLACE (ST. PREIGH COUNTRY) irginia		76. CITIZEN OF WHA	AT COUN	TRY?		_	VER MARRI	ED 🔲	BALTIMO!		or count	Y OF DEATH	AAD.
10 C	gerstow	vn	11. NAME OF HOSP (IF NOT IN SUCH FACE Washin gt	on (	County	Hosp		TION	12a. USU. FOR MI	AL OCCUPATOR OF WORKING	TION (TY	PE OF WORK	126 KIND OF E OR INDUS transfe	SUSINESS STRY er co.
5 5 9 13a. S	AL RESIDENCE ( STATE Lryland	13b. COUNT	r other institution, give TY ington	13c. CITY	DEFORE ADMISSIO OR TOWN erstown	1	3d. INSIDE CI YES 🛣	NO [	13e STRE	et address exand	er H	ouse		
是//	ATHER'S NAME FIRST Will	iam H. S	MIDDLE		LAST			R'S MAIDE		Smith	h		LAST	
Q102.50 (Y	es, no, or unknov No		MED FORCES? WAR OR DATES) by one couse per line for	214-	09-053		Mrs.		red .		addres		stown,	Md.
EDICAL EXAMINER ALON S A BURIAL - TRANSIT PER ITH AND MENTAL HYGIE REMATION, OR REMOVAL	Condition gave rist couse (o) lying cous	s, if ony, which to immediate stating the under-	(b) A TO DUE TO, OR A DUE TO, OR A CC)	S A CON	S c/27-6	F FINAL OISEASE	OR CONDITION	GIVEN IN PAR	RT 1 (a).	1200	eksk	#429	10-12	ryrs
OF HEAL MIAL, GR	19a. DATE OF		19b. CONDITIO		WHICH OPERA			_					20 AUTOPS	
AE SHOOM BE USED AS A WEEK ALL AS A SHOOM TO BURKAL, CREIN AS A SHOOM TO BURKAL, CREIN ARDICAL CERTIFICATION	21d. INJURY O	OR IG QCAUSE OF D	P.M.	MONTH Juan INJURY	DAY YEAR  \$ 19 \$ 2  (AT HOME,	Fe 211 LOC	ATION	58 1	porte	TURE OF INJURY  7 6 /LE  CITY OR TOWN  2 7 ) YULG	toic		Rt 2)	STATE
. 64		y that I took charge	e of the remoins descr		ve, held on	Autopsy	, 🔲,		Undeter	Inquiry Imined monn	or .	DATE		7,1982
TO FUNERAL DIRECTOR: PARA PAREN DIRECTOR: PAREN DEATH WITH THE ST BALTIMORE, MARYLAND, 2	EXAMINER'S N (TYPE OR PRIN	IT) FRW	ard W.					17 W.	wash	nig by	-1	Hage	es town	, 112
bu	rial	ION, REMOVAL 23	uly 9,1982	Re	est Hav		emet	ery	Pag Hag	KIOWN	vn,W	ash.,	Maryla	state nd
			CH FUNE			d.21		JUL		982	han	io.	Mark.	•



10	1.	FOR			DEPART/	STA MENT OF		AARYLAI I AND M		HYGIEN	IE ·		1 (	2 0	a	(0)
	1-	STATE REGISTRAR		ME		EXAMIN	IER'S C	CERTIFI	CATE	OF DE	ATH "	REG.	NO.	La	7	3
		CEASED NAME E OR PRINT)			MIDDLE			LAST			OF	KNOWN ESTI-			YEAR	75 HOUR
PASE TOR. URS URS	3. SE	( 1	4. RACE	5. DATE OF BIRTH	Grace	A AGE IN YE	ADS   IE LIN	OWARD		ER 24 HRS.	2c. DAT		A) UL	H DAY	19 82 YEAR	A M
(	FE	MALE	White	2-10-2	-	59 Y	RS. MONT	HS DAYS	HOURS	MIN	PRONOU DE AI	NCED D (	JULY	1	1982	8:00
U	FC	RTHPLACE (ST REIGH COUNTRY) ryland		76 CITIZEN OF W		TRY?	8. MARR WIDOV		VER MAR				Y OR COU		DEATH	MD.
DELAY IS N TO THE P N PAGE 5 BE FILED, OS, W	Ha	gersto	own	11. NAME OF HOS (IF NOT IN SUCH FA	G. N	oland	Dri		NOIT	12a. USI FOR	MOST OF WO	JPATION ( PRKING LIFE)	(TYPE OF WOR	K 12b. KII	IND OF BU R INDUSTI	ISINESS
AND 3 RETAIN HOULD	13a. S	AL RESIDENCE I TATE <b>rylan</b> d	IF IN NURSING HOME OF 136 CQUNT Washi	ngton	Hag	or town ersto	wn	13d. INSIDE (	NO E	13e. STR	REET ADDR	ESS 10	56 G	. No	land	d Dr.
EST.		orthy	W	íľbur		Derr			ER'S MAI	DEN NAME 3.		Frac	е	K	rëlba	augh
B. GIVE PAGE WITH FORM I. PAGES 1 AN DIVISION OF	(Y	VAS DECEASED ES. NO, OR UNKNO NO	DEVER IN U.S. ARM			IAL SECURIT		17. INFOR		А. Во	oward	d,Sr		ame	as I	L3a_e
TED WITHIN 24 HO Y PENCIL IN ITEM I X AMINER ALONG AL-TRANSIT PERMIT MENTAL HYGIENE,		PARTIDE.  42 Canditian gave ris	gs, if any, which e to immediate stating the under-	BY: E CAUSE (a)	29 - A	RTERIC	OF	ROTIC	CARI	DIOVA	SCULA	R DIS	BEASE	BETY		O YEAF
"PENDING" IN "PENDING" IN IEF MEDICAL E SED AS A BUR HEALTH AND CREMATION, C	NO	PART 2 OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERA	AINAL DISEAS	E OR CONDITIO	ON GIVEN IN	PART 1 (a).						
유리 보유 /	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDI	TION FOR V	WHICH OPER	RATION W	AS PERFOR	RMED?						AUTOPSY?	NO 🗆
3 SHOULD BE US SEPARTMENT OF RIOR TO BURIAL,		UNDERLYING	CAUSE WAS OR GOCAUSE OF D	216. TIME OF HOUR A.M EATH P.M	MONTH	DAY YEA		OW INJURY	YOCCUR	RED (ENTER	NATURE OF IN	NJURY IN ITEM	A 18 PART I OR			
PAGE 3 SH STATE DEPA 21201 PRIOR	MEDICAL	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK	2 le. PLACE ( STREET, FAC	OF INJURY TORY, FARM, ET			CATION STREET			CITY OR TO	NWC	,	COUNTY		STATE
VIRECTOR: P WITH THE SI ARYLAND, 21		22a. I certif death resulte ACTUAL SIGNATURE	y that I taak charge ad fram: Noture	e of the remains des al causes X,	Accident		Autap Jicide	Hami	Inspecticide SPECIFY) PUT Y	Undet	Inquiry termined m	nanner	and in my  DAT		JLY 2	, 1982
PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH, WI BALTIMORE, MARY	4-4	EXAMINER'S I	4T)	RD W. DIT				ADDRESS_		ERSTO	wn, M	ARYLA	AND	1221		
PAGE AFT	(:	B1	ion,removal 23	7_3_82		Man of CE					olife Olife		00	0	677	k MD
HMH - 17 A15 ME (5)) DM 7/73	24. F	NAME 160	TOR REST L Penna	HAVEN I	UNER Hager	AL CI	APE 1, M	L D	25a. DAT	3010.	Y REGIS	87 25b. RI	e9 istrabl	SCIGNA	ORE	diana







1	FOR	DERARY	STATE OF MARYLAND		0 0 0 2
1-		DEPARTI	CERTIFICATE OF DEATH	REG. NO.	9 2 9 1
	OR ORINGS	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
1	Mary	Rosalie	Bradley	July 23, 198	32 203/pm
3. SE.		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	Female	White	Feb. 11, 1918	64 YRS	NONINS BATS HOURS MIN.
7a. B	RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	Maryland	U.S.A.	WIDOWED DIVORCED	Washington	n County. MD.
10 €	TY OR TOWN OF DEATH			120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
Ha	agerstown	Washington C	County Hospital	THE OF WORK FOR MOST OF HORKING EN	Aircraft
USU.				113. STREET ADDRESS	
Ma					st Street
	THER'S NAME		15. MOTHER'S MAIDEN NA	ME	
			Katie		berv
			DRITY NO. 17 INFORMANT	ADDRESS	
	No		1597 Ronald W.	Bradlev. 502	Ridge Avenue
	18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			MYOCHADIAL INFI	+RCTION .	SUDDEN
	4100		ENCE OF		
	Conditions, if ony, which			DISEMS	2 YEARS
	gove rise to immediate couse (0), stating the	DUE TO OR AS A CONSEQUE	ENCE OF		
	underlying couse lost.	(6)			
	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 1(o)
NO NO	NONE				
18	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
售	NONE				S NO
Ü	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
A		All .	19		
ED	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
>	WHILE NOT WHILE AT WORK	(ATTOME, STREET, TACTORT, OFFICE T	Ann. Cic j		
	220.1 certify the This hospi	ital) attended the deceased from	OCTORER 6 , 19.69	. to JUNE 10	19_82_, thor (1) (we) lost
1	sow the deceased alive on above (1) (we) (did) (did) (did)	JUNE (0 19	82, and that in my (our) opinion	death occurred on the date and hou	r and from the couses stated
	27h SIGNATURE	an 11)	DEGREE	/	224. DATE SIGNED
	/ mars/11	llan	PHYSICIAN		7-26-82
1	224 PHYSICIAN'S MAME (TYPE C	OR PRINT)	220 ADDRESS 33 9	E. ANTIETAM	57.
	BARRY	M. COHEN	HASERSTO	WN MD. 211	740
23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	Burial	7-27-82 Re	est Haven Cemete	ry Hagerstown	, Wash, Md.
			25a. Q41	FRECD BY REGISTRAR 29 GIST	y Charles der
R	est Haven Fur	neral Chapel,	Inc., Hag., Ma	1 4 0 1304	4
	7a. BI 10 CI H8 USUU 13a. S. Ma 14. F. A. BI 14. F. A. B.	1. DECEASED NAME   FIRST   ITYPE OR PRINT)   Mary    3. SEX   Female    70. BIRTHPLACE   STATE OR FOREXON   Maryland    10 CITY OR TOWN OF DEATH   Hagerstown   Waryland   Wash    10. CITY OR TOWN OF DEATH   Hagerstown   Wash   Wash    130. STATE   ITALE   STATE OR FOREXON   Wash   Wash    14. FATHER'S NAME   FIRST   William   FIRST   Wash   Wash	TO DECEASED NAME FIRST MIDDLE  TO DECEASED STATE OR FOREIGN TO COUNTRY?  Maryland U.S. A.  10 CITY OR TOWN OF DEATH TO MAKE OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO MAKE MAKE MIDDLE  Hagerstown Washington C  USUAL RESIDENCE IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO MAKE MAKE MIDDLE  WARYLAND WASH HAGERST  WILLIAM H. Bradley  14. FATHER'S NAME MIDDLE  WILLIAM H. Bradley  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FORCES? (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES)  160. WAS DECEASED EVER IN U.S. ARMED FOR CESS. (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IF YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IT YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IT YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IT YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IT YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IT YES, GIVE WAR OR DATES (VES. NO OR UNKNOWN) IT YES, GIVE WAR OR DATES (VE	FOR   STATE   REGISTRAR   NIDDLE   NI	DEPARTMENT OF HEALTH AND MENTAL HYGIENE   B   SECURITY

TO SEE SEE SECTION OF SECTION OF THE distraction of the same state The state of the second to the state of the where we will be a sense of the Burisz 7-27-92 Rest Haven Cemotery Hagaratean, Mesny, 48 Rent Mayer Funtaril Chapel, Inc., Mag., 1619 2 5 322 See Se

. 7 5-4 6 - 37 4 213-21-10 Pir Lymon C. Brissen vestyler Simple Stommonro Commency Sounderro, net, Co., 1 Ma. THE RESENTANCE OF THE PROPERTY OF THE PARTY OF THE PARTY

415 E. Wilson Blvd. Hagerstown, Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)

	4. A.				
		on - The			
			plifit		
	principal in		variable of		
	Didy		lends of		
A STATEMENT OF					
			D SILE		
7-26-02			Charles 3	20.00	*
Chicago . Mr. more			,45.1		RELATION OF THE
				A SILVE	

	1 -	FOR STATE REGISTRAR			DEPART	19	3	0 0			
A) ::		EASED NAME OR PRINT)	Pirst	Cl	emen	CAR	BAUGH, Sr.	REG. NO.  20. DATE OF DEATH  July 1		YEAR	9:30 a.m
9 9 9	3. SEX			4. RACE		S. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT		DER I YEAR	IF UNDER 24 HRS
6-6-1	m	ale	10/20	white	e	June	29, 1908 YEAR	74	YRS.	DAYS	HOURS MIN.
I Carried	C	RTHPLACE (STATE O.	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1	NEVER MARRIED	9. BALTIMORE CITY OF Washingt		EATH	
37 8		aryland TY OR TOWN OF DE	ATH	11. NAME OF			D DIVORCED DIVORCED	120 USUAL OCCUPATE		BUSINESS OR	
100		augansvil		133 N.	North S	treet		sign painter Advert			ctising
hould be	M:	L RESIDENCE (# NUI TATE ryland		other institution ity ington	136. CITY OR TOW Maugans		13d INSIDE CITY LIMITS? YES NO -		STREET ADDRESS 133 N. North Street		
2018		Frank E			g <b>h</b>		15. MOTHER'S MAIDEN NA FIRST  Cla	ra Beckley		LAST	
Poges 1		'AS DECEASED EVE ES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	214-09-		Ethel Carba	ADDRE ugh, Mauga	nsville,	Md.	
hen pleose remov to buriol, cremoti njury, or other tro	NO	Conditions, if an gove rise to in couse (a), statunderlying cause	inmediate ing the e lost.	(c)_	ONTRIBUTING TO		NOT RELATED TO THE TERM	NINAL DISEASE OR CONE	DITION GIVEN IN	I PART 1(o	
ene prior	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEF IN CERTIFYING YES	RE FINDING CAUSES C	GS USED OF DEATH?
iol-tronsit antol Hygi tem 18 sh		210. ACCIDENT WAS UP OR CONTRIBUTING	CAUSE OF DE A	TH HOUR A		AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I C	DR PART 2)	
s the burk ond Me	MEDICAL	VHILE NOT V	RRED  /HILE   ORK		OF INJURY REET, FACTORY, OFFICE, I	ARM, ETC )	21f LOCATION STREET	CITY OR TOV	VN C	OUNTY	STATE
CTOR: A I for use of Healt		220.1 certify that ( saw the decay above (1)	and aliquent	6-30	17.2	2	11-18-197 d that in (my) (a=) opinion	77, to presendenth occurred on the do	te and hour and	from the co	
e detoched Stote Dept.		July	1/2	que	. ,	MS	ATTENDING PHYSICIAN [	MEDICAL STAF	F.	7-12-	-82
TO FUNERAL should be det with the Stote IMPORTANT:		Charles				V8.C.	1198 Kenly A	venue; Hage	rstown,	Md. 2	21740
W 43 Z	b.	urial, crematión specify) urial		July 1	4, 1982	Broad	fording Cem.	Hagerstoy		h.	ryland
H - 16 50M 1/81 VRA 15, 4)		NERAL DIRECTOR  15 E. Wils					. 21740 JUL	1982 TAR	presouting s	SIGNATU	RE

STATE OF MARYLAND

1 7	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2			
100		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
PATE S		Hilda	Adeline	CARTER	July 30, 19	982
	3. SE	X	4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
5		Fem le	White	Jan. 20, 1907	75 YRS	
Post of the Post o		RTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED WEVER MARRIED WIDOWED DIVORCED	WASHINGTON	OF DEATH
filed with	I	ity or town of DEATH Hagerstown	Washington C	NG HOME OR OTHER INSTITUTION ACCRESS L County Hospital	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Supervisor	12b. KIND OF BUSINESS INDUSTRY Telephone
and be and be	13a. S M	AL RESIDENCE (IF NURSING HON STATE aryland Was	e or other institution give residence before the property lar city or tow williams		13e STREET ADDRESS 15 Tammany Lar	ne
12 st	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA		
0000		- U	ester Hull	Bessie	Ellen	Sterling
Poges 1	16a V	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? IND SOCIAL SECTOR SINE WAR OR DATES! 212-10-0		ADDRESS arter item 13 Abo	ove
hen please remanta buriol, crematii	NO	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAT	DUE TO, OR AS A CONSEQUITE)  15 CONDITIONS CONTRIBUTING TO	ENCE OF  LEATH BUT NOT RELATED TO THE TERM  A & & M.	O	
	TIFICAT					
it permit. The prior	RTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH
rial-transit permit. The state of the state	ICAL CERTIFICATION	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING  CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	21b. TIME OF INJURY HOUR A.M. MONTH D.		IN CERTIFY	YING CAUSES OF DEATH
os the buriol-transit per mis- th and Mental Hygiene priori- riced or Item 18 shows any in	MEDICAL CERTIFICATI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING	21b. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 19 216 HOW INJURY OCCUR	YES NO IN CERTIFY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	YING CAUSES OF DEATH:  NO NO COUNTY STATE
Control of the contro		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that (1) (this has saw the deceased allow above, (h) (we) (did) (did 22b. SIGNATURE	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F spital) attended the deceased from an	AY YEAR 19 21f. LOCATION STREET  2 ond that in (my) (aby) apinian DEGREE	YES NO PINCERTIFY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE  COUNTY STATE  The county of the course state  The course state of the course state  The course state of the course
MAPORTANT: If Hem 21 is marked or Hem 18 shaws ony in	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM.) 21d. INJURY OCCURRED  WMLE NOT WHILE AT WORK AT WORK AT WORK AT WORK.  Saw the deceosed alive obove, (h) (we) (did) (did.) 22b. SIGNATURE  22d. PHYSICIAN'S NAME (1)	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F an a	216 HOW INJURY OCCUR 19 216 LOCATION STREET  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  ATTENDING PHYSICIAN 22e ADDRESS	YES NO IN CERTIFY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY STATE  COUNTY STATE  COUNTY STATE  19 22 , that (I) (we)  and from the causes state  22c. DATE SIGNED  3 2 5 5 5

NO. IN COLUMN TWO IS NOT THE OWNER. the control of the co John, I. sombeler, F. . . Total and J. Mars In., as secondary, William Market Market Control of the Control Appendix of the second state of the second sta

1-	VI
2	X
1	10

ompletely filled in by the

the attending physician and c remove corbanpopers. Pages

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

may be

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCITHE

	- STATE REGISTRAR		CERTIFICATE OF DEATH  REG. NO.			
		CEASED NAME FIRST	WIDDLE	LAST	The state of the s	DAY YEAR 2b HOUR
		EVA	9. 0	ALEY	July 24,19	182 /:10 m
	3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE TIMEERS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
In.	1:	EMALE.	white	MAY 20,1912	70 YRS	
	7a. 8	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
\$ /~ /	11	). Va.	U.S.A.	WIDOWED DIVORCED	Washing ton	(0., MD
00	4	agers foun	ROUND RACILITY, GIVEST SEET A	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (Type OF YORK FOR A TUNNELING LIFE CATATORICA	12b. KIND OF BUSINESS OR INDUSTRY Sel
d tent	130. 3	ALRESIDENCE (IF NURSING HOME OR STATE 136, COUN WA		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS Row	fe 6
- xamine	14 F/	Teath i an	- Blake	15. MOTHER'S MAIDEN NAMED IN THE PROPERTY OF	ence Co	OKa S
e medicol		WAS DECEASED EVER IN U.S. AR. YES, NOOR UNKNOWN) LEYES, GIV	MED FORCES? 166 SOCIAL SECUR		ADDRESS Cy_ RDG- Hager	stown md.
vent, the		PART I. DE ATH WAS CAUSE	ly one couse per line for (a), (b), and D BY:	E FAILUNE.	/	BETWEEN ONSET AND DEATH
umatice		1560 Conditions, if ony, which	DUE TO BRAS A CONSEQUE	Jo Gall blodo	lai	6/17/8/
r ather tra		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	/		
injury, a	NOI	PARTS OTHER SIGNIFICANT OF	S Mellited	EATH BUT NOT RELIZED TO THE TERM	INAL DISEASE OF CONDITION GIM	lesken
aws any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY 20b. IF YES IN CERTIFY YES NO VES	WERE FINDINGS USED YING CAUSES OF DEATH?
em 18 sr		21a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT I OR PART 2)
ed or H	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	21f. LOCATION	CITY OR TOWN	COUNTY STATE
l is mark		220.1 certify that (1) (this haspit saw the decaased alive on.	tol) attended the deceased from	2 and that in (m/s) and a second	7/24	9, that (1) (ye) lost
If Item 2		obove, (I) (ye) (did) (did not	8 74 4 7	DEGREE ATTENDING	death occurred on the date and hour	22c. DATE SIGNED
TANI		228 PHYSICIAN'S NAME (TYPE OF	R PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN	11/20/82
IMPORTA	234.1	URIAL, CREMATION, REMOVAL	projectil mo	3635C	eveland the	Hog Mel.
	B	wind	M/ /20 DY	ame of cemetery or crematary roant Hell Ch. lem.	Antrien TUP, A	anklin 6. STATE PA
81	0	WWW DW	ilen Green	scatte, Pa. 250 DATI	E REC'D. BY REGISTRAR 25b. REGISTR	ar's Charles Martha

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TELEVISION FOR THE PROPERTY OF THE PARTY OF The second secon AND CONTRACTOR OF THE PROPERTY Later of the property of the contract of the c

(VRA 15, 4)

STATE OF MARYLAND

CONTRACTOR	A Comment of the Comm	
		411
no relativ		niodesing/ill
onal met allegation		Calendary (
The series 125		A SEA
	. Auch Late	nefrel0
Te re . Sedisbare	. 215-18-676H 22. 2011 2.	94
13 5-5	7.7 32-25 82	
12771	A STATE OF THE PARTY OF THE PAR	
14 Feb Harrison C. A.	P. CHERT ING MED WITH	1000
A TEL TERM, MARIN, MARINE,	The respondent manner of 20-01-1	Birtin
AX (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	i dil i i i i i i i i i i i i i i i i i	.dane . Triba

CONTRACTOR INCOMES TO CONTRACT STATE OF THE STATE AND AND AND STATE OF SERVICE rico arana aw Estimacol.ju. mot minist movements. Meryland Vashington Nageratorn' 2025 M. Valley Ir. Darver Jagas "Laston" persent ", 1, 5 ton Dersent ", 1, 5 ton Ders 

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR

REGISTRAR

- STATE

24 FUNERAL DIRECTOR MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

REG. NO

7h HOUR

NO F

STATE

AND ROLL OF THE TANK OF THE PARTY OF THE PAR

- 1	FOR STATE		OF HEALTH AND MENT	4.3	19306
	REGISTRAR ECEASED NAME PPE OR PRINT! BERNA	PARDINE MIDDLE FREDA	FANDL	20. DATE KNOWN COF ESTI- DEATH MATED X	MONTH DAY YEAR 72 HC
	EMALE W	DEC. 17,1917 6	E (IN YEARS IF UNDER 1 YR. IF UNDER	UNDER 24 HRS. 21. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HC
5	BIRTHPLACE (STATE OR OREIGN COUNTRY)  D.  LITY OR TOWN OF DEATH	7) CITIZEN OF WHAT COUNTRY?		WASHING	
9 H	AGERSTOWN	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A)  WAS HINTON  ROTHER INSTITUTION, GIVE RESIDENCE BEFORE	DUNTY HOSP	FOR MOST OF WORKING LIFE)	E OF WORK 126 KIND OF BUSINESS OR INDUSTRY
130.	STATE 116 COUN 3A	LTP EAST F	RIAT YES N	MITS? 13. STREET ADDRESS 4	77.H ST
	JAMES 5 WAS DECEASED EVER IN U.S. ARA	MIDDLE LAST  AED FORCES? 166. SOCIAL SE	FIRST	MAIDEN NAME  WWK  T ADDRESS	LAST
2	YES, NO, OR UNKNOWN) (IF YES, GIVE	VAR OR DATES) 2150	9 8175 MICH		ABOVE
	PART I DEATH WAS CAUSED	E CAUSE (o)	DIAC ARREST		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUE  (b) #402 - HYPE	RTENSIVE ARTERI		10 YEARS
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQU		SCULAR DISEASE	
NO O	9	ONTRIBUTING TO DEATH BUT NOT RELATED TO	HE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 1 (a),	
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	?	20. AUTOPSY? YES □ NO 🖟
	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		YEAR	CURRED (ENTER MATURE OF IMJURY IN ITEM 18 F	PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT H STREET, FACTORY, FARM, ETC.)	OME, 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATI
		e of the remains described above, hel	dan Autopsy, Ins		d in my apinian
	ACTUAL SIGNATURE	lw Dixto-	TITLE (SPECI	FY)	DATE SIGNED JULY 31,19
	EXAMINER'S NAME EDWA	RD W. DITTO, III,	M D	MEDICAL EXAMINER TO WEST WASHINGTON AGERSTOWN, MARYLAN	N STREET
230.	SURIAL, CREMATION, REMOVAL 2:	8/2/82 0A/	OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
24	FUNERAL DIRECTOR  NAME  CONV  CONV	ADDRESS	* 25a:1	DATE REC'D. BY REGISTRAR 256. REGIS	

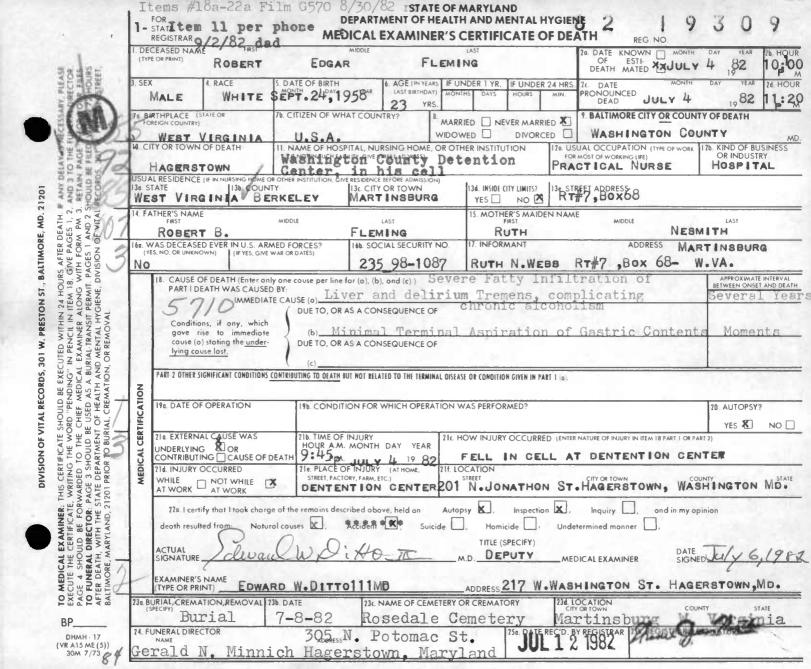
THE THREE STREET and state of the same of S Tally Service of the service of the service of the service of S SELE TERMINE DATE AT - 124 - THE THE TAX THE ATTENDED TO THE CA TOVAL DAVEL AD TARTE STEELING T. A. V. THE THE STATE . STILL A. S. C. P. S. C.

20	FOR STATE REGIST	D 4 D		DEPART	MENT OF		AND MI		GIENS	2	REG. NO.	9	3	0	7
21年42年	1. DECEASED	NAME	DWARD	PAYSON		F11	AST	II			OWN [	MONTH Jul	12 <sub>19</sub>	YEAR 82	5:40 5:40
A STATE OF THE PARTY OF THE PAR	3. SEX Male	4 RACE	S DATE OF E		6. AGE (IN YEA	AY) MONTH	DER 1 YR.	HOURS	MIN PRO	DATE NOUNCE DEAD		Jul	12 19	YEAR 82	5:50 A^
) Was	New New	Jersey	τ	J.SA.		WIDOWI	D 🗆	DIVORCED		Wash:	ingto	n Cou	inty		MD.
DELAY IS TO THE N PACE IN PRES	Hager	stown	Wash	Ington C	ounty	Hospi		TION	FOR MOST Lawy	OF WORKING	STILLE	F WORK	ORIN	DUSTR	Y
F ANY 3. RETAINS SHOULD	Virgi	nia I	COUNTY Pairfax	13c CITY	ean	ON)	YES X	NO D	3. STREET 8434	Wel.	ler A	venue	9		
DEATH OPEATH OPEATH OPEATH	Fi	yd	Lester U.S. ARMED FORCES		tts	V NO	13. MOTHE	Harrie		MIDDL			arger		HE
BALTIMORE, RS AFTER DE GIVE PAGE WITH FORM PAGES 1 ANDISSION OF	NO NO	R UNKNOWN)   [IF	YES, GIVE WAR OR DATES)	218-	50-427			Gale I	Fitts	-	Wel:			1	
	> 18 C	RT I DEATH WAS	MEDIATE CAUSE (a).	Multip	le trai		e inj	uries (	inter	nal)	n-8	69	men		AND DEATH
CUTED WITHIN 24 HO ECUTED WITHIN 24 HO IN PENCIL IN ITEM IS A EXAMINER ALONG SURIAL TREMIT NO MENTAL HYGIENE, N, OR REMOVAL.	9 cr <u>ly</u>	anditians, if any ave rise to im buse (a) stating th ing cause last.	, which mediate e under- DUE To	O, OR AS A COM  Motor  O, OR AS A COM	vehicle NSEQUENCE	e/fix OF				on E	-815				
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE RITING THE WORD "PENDING" ROED TO THE CHIEF MEDICA E 3 SHOULD BE USED AS A BE E DEPARTMENT OF HEALTH AN PRIOR TO BURIAL, CREMATION		ATE OF OPERATION	ON TIPE C	ONDITION FOR					1 (a).				20 AUT	OPSY?	
DF VITAL RE ATE SHOULD WORD "PE THE CHIEF. TO BE USED EENT OF HE. BURIAL, CRE	TIFICA	(TERNAL CAUSE		ME OF INJURY				OCCURRED	LENTER NATU	RE OF INTURY	IN ITEM TR PAI	PT 1 OR PAR	YES		NO 🗌
CERTIFICATE STITING THE WODED TO THE STANDING BE STANDING BE DEPARTMENT PRIOR TO BURING TO BURIN	CONT	RLYING OR RIBUTING CA	USE OF DEATH	P.M.	19	Ve		ran i				NY TON TAK			
HIS VAR VAR VAR VOI	WHIL AT W	E NOT WI	HILE X STRE	et, factory, farm, e		R	#34.0	)		indy t	Hook,	W	ish.	Co.	MD
TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAN DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARKIAND, 213	deat	h resulted fram:	ok charge of the rema Natural causes Nald R In	. Accident	productions.	Autops	Hamid	Inspection cide ,	Undeterm	ined manne	er .	DATE		7/12	/82
MEDICA ECUTE TH GE 4 SH FUNERA TER DEAT	EXAM	INER'S NAME OR PRINT)	Harold R.		-	M.D.	ADDRESS_	138 1	E. An	tieta				town	i, MD
BP	(SPECIFY)	CREMATION,REM	7-15-		ratin &				West	Ches	ter 250 EGIST	Ches	ter GNOVER	Pa.	LTE .
DHMH - 17 (VR A15 ME (5)) 15M 7/76	NAME		Funeral Ho	me, Inc.,	Hagers	town,	Md.	JUL		382	France	- Com	المدار است		n

A.d. warran start for the start com, the

1.	REGISTRAR						REG. N				
	CEASED NAME E OR PRINT)	FIRST		WIDDLE		451	20 DATE OF DEATH		DAY YEAR	26 HC	UR
		Max		NMN)		isher	July 10,	1982		13	
3. SE			4. RACE		S. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DA	AR IF UND	ER 2
	Female		White		Fet	24, 1892	90	YRS.			
7a. B	IRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY				
	Latvia		U.S.A.		WIDOWE	DIVORCED [	Washingto				
	ITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN H_FACILITY, QIVE STREET	IG HOME O	R OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KINI INDUST	OF BUSIN	
	lagerstown			HEACILITY, GIVE STREET LEW NURS	-	ome	Owner		Dept	. Sto	r
13a. S	AL RESIDENCE (IF NUR. STATE Aryland	1136 COU		13C_CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	eria Da	ad		
	ATHER'S NAME	was.	TTING COLL	Hagerst	OMIT	YES A NO .		ATU DI	TAG		
19. FA	FIRST		MIDDLE	LAST		FIRST	WIDDLE			LAST	
140 1	Joseph WAS DECEASED EVER	INI II C AF	MED EODCECS	Fleishe		Hannah 17. INFORMANT	ADD	ECC	Bren	ner	_
	YES, NO OR UNKNOWN)		E WAR OR DATES)				923	<sup>ES</sup> Årmst	rong	Avenu	le
	No			220-09-7		Martin D. Fle	eisner Hag	ersto	m Md		
	18 CAUSE OF DEAT PART I. DEATH V	H (Enter of	nly one couse per	line for (o), (b), on	d (c1.)		-		BETWE	OXIMATE IN	ND [
	Conditions, if ony	, which	DUE TO, OI	R AS A CONSEQUE	CE OF	luotic a	udiovani	lande	· ·	year	-
	gove rise to im- couse (a), statis underlying couse	which mediote ng the lost.	DUE TO, OI	R AS A CONSEQUE	NCE OF	luotic a				year 1(0)	_
FICATION	gove rise to im- couse (a), statis underlying couse	which mediate ag the lost.	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS	R AS A CONSEQUE	NCE OF	Puotic Co		IDITION GIV		DINGS US	EDATH
SRTIFICATION	gove rise to imicouse (o), statisticunderlying couse PART 2. OTHER SIGI	which mediote mediote mediote the lost.  NIFICANT	DUE TO, OI (b) DUE TO, OI (c) CONDITIONS CO	R AS A CONSEQUE	NCE OF	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES	EN IN PART  S, WERE FIN  EYING CAUS	DINGS US SES OF DEA NO	ATH
AL CERTIFICATION	gove rise to imicouse (o), statis underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210, ACCIDENT WAS UN OR CONTRIBUTING	which mediate ng the e lost.  NIFICANT	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI  19b. TIME O HOUR A.	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  FINJURY  M. MONTH DA	DEATH BUT  OPERATION  AY YEAR		200 AUTOPSY?  YES NO	20b. IF YES	EN IN PART  S, WERE FIN  EYING CAUS	DINGS US SES OF DEA NO	ATH
	gove rise to imicouse (o), statis underlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN	which mediate my the lost.  NIFICANT	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CC  19b. TIME O  HOUR A  21b. TIME O  21c. PLACE	R AS A CONSEQUE  ONTRIBUTING TO D  ITION FOR WHICH  FINJURY M. MONTH D  OF INJURY  OF INJURY	DEATH BUT  OPERATION  AY YEAR  19	21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YE JRY IN ITEM 18. F	EN IN PART  S, WERE FIN  YING CAUS  SS   PART LOR PART	DINGS US SES OF DEA NO	ATH
MEDICAL CERTIFICATION	gove rise to imicouse (o), statistically inderlying couse PART 2. OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF ETIMER, NOTIFY MEDI 21d INJURY OCCUR	which mediate ng the lost.  NIFICANT  TION  DERLYING CAUSE OF DE ICAL EXAMINE  RED	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CC  19b. TIME O  HOUR A  21b. TIME O  21c. PLACE	R AS A CONSEQUE  THE PROPERTY OF THE PROPERTY	DEATH BUT  OPERATION  AY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YE JRY IN ITEM 18. F	EN IN PART  S, WERE FIN  EYING CAUS	DINGS US SES OF DEA NO	ATH
	gove rise to imicouse (o), statis underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN  OR CONTRIBUTING  (IF EITHER, NOTRY MEDI	which mediate mg the elast.  NIFICANT  CAUSE OF DE ICAL EXAMINE RED	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CO  19b. TIME O  HOUR A.  21b. TIME O  ATH  21c. PLACE  (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO CONTRIBUTING T	OPERATION  OPERATION  AY YEAR  19  ARM. ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES IN CERTIF YE JRY IN ITEM 18. F	EN IN PART  S, WERE FIN  YING CAUS  S   PART LOR PART  COUNTY	DINGS US ES OF DE. NO	ST
	gove rise to imicouse (o), stotic underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [ 41 ETHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY MEDI 22a, I certify that (19	which mediate mg the elost.  NIFICANT  CAUSE OF DE ICAL EXAMINE RED  This hosp	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI  ATH  21b. TIME O  HOUR A.  P  21e. PLACE (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO G  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  OF INJUR	OPERATION  OPERATION  AY YEAR  19  ARM. ETC.)	21c. HOW INJURY OCCURI	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES IN CERTIF YE JRY IN ITEM 18. F	EN IN PART  S, WERE FIN  YING CAUS  S   PART LOR PART  COUNTY	DINGS US ES OF DE. NO	ST
	gove rise to imicouse (o), stotic underlying couse  PART 2. OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING [ 41 ETHER NOTIFY MEDI 21d INJURY OCCUR WHILE NOTIFY MEDI 22a, I certify that (19	which mediate mg the elost.  NIFICANT  CAUSE OF DE ICAL EXAMINE RED  This hosp	DUE TO, OI  (b)  DUE TO, OI  (c)  19b. CONDITIONS CO  19b. TIME O  HOUR A.  21b. TIME O  ATH  21c. PLACE  (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO G  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  OF INJUR	OPERATION  AY YEAR  19  ARM, ETC.)	21c. HOW INJURY OCCURI 21l. LOCATION STREET  19  4 that in (our) opinion	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES IN CERTIF YE JRY IN ITEM 18. F	ZEN IN PART  S, WERE FIN YING CAUS S PART I OR PART  COUNTY	DINGS US ES OF DE. NO	ST
	gove rise to imicouse (o), statistic underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTHY MED) 21d INJURY OCCUR WHILE NOTHY MED 220. I certify that (1) saw the decoo	which mediate mg the elost.  NIFICANT  CAUSE OF DE ICAL EXAMINE RED  This hosp	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI  ATH  21b. TIME O  HOUR A.  P  21e. PLACE (AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO G  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  OF INJUR	OPERATION  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  d that in (our) opinion	200 AUTOPSY?  YES NOTER NATURE OF INJURED CITY OR TO Death occurred on the control of the contro	20b IF YE' IN CERTIF YE JRY IN ITEM 18. F	ZEN IN PART  S, WERE FIN YING CAUS S PART I OR PART  COUNTY	DINGS US ES OF DE. NO	STA
	gove rise to imicouse (o), statistic underlying couse PART 2. OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING [IF EITHER NOTHY MED) 21d INJURY OCCUR WHILE NOTHY MED 220. I certify that (1) saw the decoo	which mediate ng the last.  NIFICANT  TION  DERLYING CAUSE OF DE ICAL EXAMINE  RED  White hosp and did a mile and a mile	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A.  P.  21e. PLACE ( AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO G  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  OF INJUR	OPERATION  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  d that in (our) opinion	200 AUTOPSY?  YES NO CITY OF TO	20b IF YE' IN CERTIF YE JRY IN ITEM 18. F	ZEN IN PART  S, WERE FIN YING CAUS S PART I OR PART  COUNTY	DINGS US ES OF DE. NO	ST
	gove rise to imicouse (o), statis underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [IF ETHER NOTHY MED]  21d INJURY OCCUR  WHILE WHILE ALWOR  220. I certify that (1) sow the decease obove, (1) (we) (2)	which mediate ng the last.  NIFICANT  TION  DERLYING CAUSE OF DE ICAL EXAMINE  RED  White hosp and did a mile and a mile	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDI  19b. CONDI  21b. TIME O  HOUR A.  P.  21e. PLACE ( AT HOME, STR	R AS A CONSEQUE  ONTRIBUTING TO G  ITION FOR WHICH  OF INJURY  M. MONTH D.  M.  OF INJURY  OF INJUR	OPERATION  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  219 9 d that in (a) (our) opinion DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUREDICAL STADIRECTOR PHYSI	20b IF YE' IN CERTIF YE JRY IN ITEM 18. F	ZEN IN PART  S, WERE FIN YING CAUS S PART I OR PART  COUNTY	DINGS US ES OF DE. NO	ST
MEDICAL	gove rise to imicouse (o), stotii underlying couse  PART 2. OTHER SIGI  19a DATE OF OPERA  21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MED) 21d IN JUTY OCCUR AT WORK NOT WAS UNCOUNDED.  22a, I certify that (11 sow the decess obove, (1) (iwe) (22b, SIGNATURE)  22d, PHYSICIAN'S N	which mediate mg the elost mg the selection of the control of the	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDITIONS CO  HOUR A.  PRINTINI  DI VIEW NE BODY	ONTRIBUTING TO E  ONTRIBUTING  ONTRIBUTI	OPERATION  AY YEAR  19  ARM. ETC.)	21c. HOW INJURY OCCURI 21l. LOCATION STREET  19 8 1  d that in (our) opinion DEGREE  ATTENDING PHYSICIAN (12) 22e. ADDRESS	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUREDICAL STADIRECTOR PHYSI	20b IF YE' IN CERTIF YE JRY IN ITEM 18. F	ZEN IN PART  S, WERE FIN YING CAUS S PART I OR PART  COUNTY	DINGS US ES OF DE. NO	ST
WEDICAL WEDICAL	gove rise to imicouse (o), statis underlying couse  PART 2. OTHER SIGN  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [IF ETHER NOTHY MED]  21d INJURY OCCUR  WHILE WHILE ALWOR  220. I certify that (1) sow the decease obove, (1) (we) (2)	which mediate mg the elost mg the selection of the control of the	DUE TO, OI  (b)  DUE TO, OI  (c)  CONDITIONS CO  19b. CONDITIONS CO  HOUR A.  PRINTINI  DI VIEW NE BODY	TION FOR WHICH  ITION FOR WHICH  IF INJURY  M. MONTH DA  M. OF INJURY  REET, FACTORY, OFFICE, F  Gliter deoth.  123r. N	OPERATION  OPERATION  AY YEAR  19  ARM, ETC.)	211. LOCATION STREET  211. LOCATION STREET  d that in (Our) opinion DEGREE  ATTENDING PHYSICIAN (E)  22e ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  A TO  MEDICAL DIRECTOR PHYSI  A CITY OR TO  1236 LOCATION CITY OR TOWN	20b. IF YES IN CERTIF YE URY IN ITEM 18. F	COUNTY	DINGS US ES OF DE. NO	ST

TRE JOI VIDE IN	gonin for St.	(40%)	
	200, 20, 2000	5 <b>51</b> 44	
County County		.2,5,6	alvoal
ton Prof. Tend	and for	Sept enterantO	
Paytol plyal amu 5 1	100	tenougation	A districts.
William Strong Born Francisco	eridi. T		riconos
This is a part of the state of	a lake water with		0
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Carlos and respect to		



part of their magnitude of their color words and films the base as TARREST E MADE: TARREST DEST, S. TERO BYING V TRUCE HISTERN SOURTY Table Table LATING DESCRIPTION OF THE CASE PART THE A FROM THE TENED OF THE PROPERTY AND ADDRESS TO A PROPERTY T TI PH 153 THREE BITTAN . A A CO CONTRACTOR OF A MINISTER OF A CONTRACTOR OF A CONTRAC The second secon TET PEO MOTTHE THE TA SUED HI SET SE 4 YEAR SETS DESTRUCTION CONTENDED ST. AGE STORY, WASHINGTON \*\*\*\* THE REAL PROPERTY.

STATE OF MARYLAND

	1.	- STATE REGISTRAR			DEPARTI		ICATE OF DE		IENE 8 2	10	9 3	10
1		CEASED NAME	FIRST		MIDDLE	I	AST		20 DATE OF DEATH		DAY YEAR	2b HOUR
Ď			ROY	WILI	LIS F	OSTER			JUI	Y 4	. 1982	2:47p.m
	3. SE	X		4. RACE		5. DATE C			6 AGE (IN YEARS LAST B		IF UNDER I YEAR	IF UNDER 24 HRS
		MALE		WHITE	Ξ	MAY	24,	1927	55	YRS	MONTHS DAYS	HOURS MIN.
-		IRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MA	DOIED []	9 BALTIMORE CITY		OF DEATH	
3		PA		U.S.	Α.	WIDOWE		DRCED	WASHING	TON CO	).	MD.
1	10 C	ITY OR TOWN OF DE	ATH	11. NAME OF I	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTIT	UTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
7	H	AGERSTOWN			TON CO.		TAL		MACHINIST			NG IND.
-	JU.	AL RESIDENCE (IF NUR	TIST COU	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION	13d INSIDE CITY	V I IAAITCO	13e STREET ADDRESS			
1		PA	FRAN		CHAMBER			10 X		NG SPI	RING RD	V-1175
	M. FA	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S A		ΛE			
Ş		GLEN		WIDDLE	FOSTER		ETH		WIDDLE		WATKI	
3		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN		ADDR	ESS CLIAN		. 17201
5	(	NO	(IF TES, GI	VE WAR OR DATES!	722-16-	4960	BEATRIC	E FOST	TER 183 FAI	LING	SPRING	RD.
	CERTIFICATION	gove rise to im couse (a), state underlying couse PART 2 OTHER SIG	ng the e lost NIFICANT	DUE TO, OI		A GOU DEATH BUT	LATION NOT RELATED TO	FOR	AORTIC	101TION GIVE	EN IN PART 110	IGS USED
7	TIF								YES NOT	IN CERTIFY	YING CAUSES	OF DEATH?
7	MEDICAL CER	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DE		M. MONTH DA	YEAR	21c HOW INJU	IRY OCCURR	ED (ENTER NATURE OF INJ	IRY IN ITEM 18 PA	ART I OR PART 2)	
	MED	21d INJURY OCCUR  WHILE NOT WE AT WORK	HILE	(AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION		CITY OR TO	)WN	COUNTY	STATE
		22a. I certify that (I) saw the deceas above, (I) (we) (	ed alive on	- 4 1	19 8	7-3	d that in (my) (a	ur) opinion d	to 7-4	ote and hour		that (I) (we) last
		226. SIGNA RE)	var	dB.	Byrd	M.D.		ENDING YSICIAN	MEDICAL STA		22c. DATE	SIGNED (482
		EDWA		13 18	YRO A	1.1	119C	MAT	A CTAIN OF	HA	persta	4.2.0 A A.F
		BURIAL, CREMATION,		23b. DATE		IAME OF C	EMETERY OR CRE	EMATORY	23d LOCATION	14.11	17210	WAY WAY
	. (	BURIAL		7/7/8					GREENE TW	P. FRA	NKT.N	O. PA
	24 FL	UNERAL DIRECTOR		1/1/0	~ 117	THE THIN	TAND LITTER 0	2504 DATE	BEC'D BY REGISTRAF	REGIST	100	1600

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

PHILA

JUL 1 2 1982

STANDING IN METERS OF THE STANDING TO STAN TV EEL GELFIEL WENNINGWEBE ANTHONY MAN TO THE PARTY OF THE PARTY OF THE MARKET SHOPE A COUNTY AT THE OPINION OF STORY S. CHARLES A STATE OF THE STA

& &	FOR STATE REGISTRAR		ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9311
y be ge 3 eoth	1. DECEASED NAME STAN		reachart	July 3	O 82 7:40 P.M
a m	3. SEX	4 RACE	5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR HDAY)	MONTHS DATE HOURS MIN.
	Male	White	1 17 1914	68 YRS.	
H H	O. BIRTHPLACE   STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
程は少	Maryland		WIDOWED DIVORCED	Washington	MD.
the the	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET AD	HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY
F 1	Hagerstown	Washington Count		Machinist	Null's Mach. Si
filled in		OUNTY 13c CITY OR TOWN  NAKLIN Blue Ridge		136. STREET ADDRESS 13589 Blue Ridg	e Avenue
2 sho	14. FATHER'S NAME	Summit	15. MOTHER'S MAIDEN NA	ME	
and in the	Charles	Emory Gearha	rt Florenc	e Teresa	(Unknown)
A STATE OF THE PARTY OF THE PAR	160 WAS DECEASED EVER IN U.S.	4 +		ADDRESS	(Olikliowit)
Poges 1	NO (IF YES	198-10-36	73 Audrey L. Gea	rhart, 13589 Blu	
hysicia papers aval. ent, the	18 CAUSE OF DEATH  Ente	r only one cause per five for (a), (b), and	Blue Ridge S	pmmit, PA., 17214	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7583	PART I. DEATH WAS CAL	DIATE CAUSE (a) ONCVEOR	c laucer with t	some Metastases	21/2 years
or re	1579	DUE TO, OR AS A CONSEQUEN	ICE OF		
the attendin remove carb emation, ar i er traumatic	Canditions, if any, which				
by the asseremant, cremant ather tr	gave rise to immediate cause (a), stating the		ICE OF		
d by lease ial, cr	underlying cause last.	(c)			
signed hen pl to buri njury, a		NT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM	AMALDISEASE OR CONDITION GIV	/EN IN PART 1(a)
prior ony ir	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH C		20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
hos per per poer per per per per per per per per per p	OH I				FYING CAUSES OF DEATH?
is certificate haburial-transit pe Mental Hygiene or Item 18 shows	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	
certificate prial-transit ental Hygi them 18 sh	On CONTRACTOR CHIEF OF		YEAR		
this certificate has the burial-transit pe and Mental Hygiene ced or Item 18 shaws	(IF EITHER, NOTIFY MEDICAL EXAM	21e PLACE OF INJURY	211. LOCATION	CITY OF TOWN	COUNTY STATE
of thand marked	WHILE NOT WHILE D	(AT HOME STREET, FACTORY, OFFICE, PAR	M, ETC.) STREET	CITY OR TOWN	COUNTY
OR: After r use as t Health a is marke		aspital) aftended the deceased from	Villa 19 19 8	2 to Ocalis 30	19, that (i) we) last
0 0 4 -	saw the deceased-plive	an Well 90 10 D	2.1, and then in (ny) (aur) apinian	death accurred an the day and had	
DIRECT Sched for Dept. o	22b. SIGNATURE	nat) view the bady after death.	DEGDEE		72c DAJE SIGNED
	Polyst	Rull	ATTENDING PHYSICIAN [	MEDICAL STAFF	7/21/84
FUNERAL old be detended to the State	22d. PHYSICAN'S NAME (T	PE OR PRINT	22e. ADDRESS	1/11 11	11111
should be del with the State	Robert	Brull	1704 Col	L Will Ade.	109 evitains
5 ⊢ 2 2 ₹	230 BURIAL, CREMATION, REMOV	/AL 236. DATE 23c. NA	ME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNT STATE
P	Burial		ntaindale Union	R.D.l, Fairfie	ld, Franklin, PA.
- 16 30M 2/80	14. BÜNERALDIRECTOR	ADDRESS	letery 25a. DA	TE REC'D. BY REGISTRAR GY REGIS	TRAR'S SIGNATURE
A 15, 4)	ohn A. Smycles.	48 So. Church St	reet, Waynesbord,	M. UIUL Q	

	VIII		A AVENUE		1-7	5
		Arolest m		ketve	1.08	
	nor of the con-				braigh	
ole a string	# LeAnbart				niwist car	
	de sud es f		9007	ntálora	. 5.71	
	Fluid 7 page				Section.	
rie well noi	on the description of the second	A yer ar	7704-51-8E1		06	
			Marvettes			
			A WY			
			A WA			
			A WA			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR - STATE REGISTRAR		DEPART		EALTH AND MENTAL HYO	GIENE 8 2	1 9	1 3	1 2
	ECEASED NAME FIRST		MIDDLE	ŀ	AST	28. DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
	Davi		Ralph		GOSSARD		1982		м
3 51	Male	White		NOV.		6 AGE IIN YEARS LAST BIRTH	YRS	UNDER I YEAR	HOURS MIN
7a 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR WASHINGTO		FDEATH	MD
10 0	Hagers town	LIF NOT IN SUC	H FACILITY, GIVE STREET	T ADDRESS)	Hospital	12a USUAL OCCUPATIO		IZE KIND OF INDUSTRY Posta	BUSINESS OR
Ma	ryland Wa	ME OR OTHER INSTITUTION OUNTY Shington	GIVE RESIDENCE BEFOR	VN	13d Inside City Limits? YES X NO	13e STREET ADDRESS	cochea	agu <b>e</b> St	
4 F	David	Elmer	Gossa	ard	Ethel	ME Myrt1	e	Whit	tingtor
	WAS DECEASED EVER IN U.S	ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRES	5		
	yes -	S, GIVE WAR OR DATES)	216-03-1	1948	Jane E.Goss	ard item 13	above		
	Conditions, if any, which gove rise to immediate cause to stating the underlying cause last	(b) e DUE TO, OI	R AS A CONSEQU R AS A CONSEQU	OKONV	ASCIO.	7 DISEPSE			
NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS <u>CC</u>	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN	IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?  YES NO	20b. IF YES, W IN CERTIFYIN YES [	VERE FINDING NG CAUSES O	S USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM IB PART	I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (	OF INJURY EET, FACTORY, OFFICE,	FARM, E1C )	211 LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
	220.1 certify that (I) (this has sow the decreased alive above, (I) (we) (did) (did)	e on 7.2	7 19	(	d that in (my) (our) opinion		19.	22c. DATE SI	IGNED
	THE PROPERTY SHEAREN	TO CONTRACT	Otto Roz		ATTENDING PHYSICIAN (  1220 ADDRESS  100 Long M	medical staff physicial physicial leadow Dr., H		7.28 town, M	
23a	BURIAL, CREMATION, REMO	VAL 236 DATE	23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
	(SPECIEV) Rurial	July	1080	Croon	1 at to Man D			JUNIT	STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR ADDRESS Major M. Osborne Williamsport, MD

Marie Land of Francisco The Committee of the

	4	1
	0	35
	P.	5.2
	tooth	12
	r de	34
200	offe	4.0
201	375	25
21	50	d be
S.	24	fille
YLA	ŧ.	S. S.
AR	3	plet
2	oteo	E d
ORE	xec	ges
X	9	0 0
ALT	te L	oers of.
00	fica	pop
ST	-tue	bon
ő	4	ibus co
ES	qeo	ove
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the	the rem
3	hat	by ose I, cr
20	es	ple
DS,	200	sig hen
Ö	ě	in T
REC	NO	e pr
AL	The	e ho
<u> </u>	Z X	Cat
Ö	A d	ol-tr
N	IYSI	Mer
ISI	P P	the pu
2	NO S	as as
	Z-°	Se Use
	TTE	01
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 n etained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in Ly the learned directors should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled entired from with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, ar removal.
	the	L D
	by by	e de
	Pa	d b
	HC	oul th
	0 0	F 5 3

	FOR 1 - STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	1 9 3	13
	I. DECEASED NAME FIRST	WIDDLE		LAST		MONTH DAY YEAR	2b HOUR
١	Martha 3. SEX	Jane 4. RACE		RUMBINE	July 14,		M
1	female	white			6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS BAYS	HOURS MIN.
I	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY) Tennessee	7b. CITIZEN OF WHAT C	OUNTRY? 8 MARRIE	D X NEVER MARRIED DIVORCED	9 BALTIMORE CITY O Washin	gton	MD.
2	Hagerstown Hagerstown	(IF NOT IN SUCH FACILITY	alley Driv	OR OTHER INSTITUTION	12a USUAL OCCUPATION OF WORK FOR MOST OF SECRETARY		Toys
5	Maryland Wasl		gerstown	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2545 N.	Valley Driv	'e
)	14 FATHER'S NAME FIRST Bernard	MIDDLE Gi	iles	15. MOTHER'S MAIDEN NA	MIDDLE G.	LA	Deets
	16a WAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	17 INFORMANT	ADDRE		
-	No	212	-18-1795	Mary Jane	Roth, Hager	rstown, Md.	
7	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT OF 19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING		ONSEQUENCE OF		MINAL DISEASE OR CONE	20b. IF YES, WERE FIND!	NGS USED
7	Z1F2				YES NO	IN CERTIFYING CAUSE	S OF DEATH?
7	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. IN JURY OCCURRED		ONTH DAY YEAR 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART I OR PART 2)	
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TO	wn COUNTY	STATE
	22a.I certify that () (the hope of the deceased alive an other light and did not the light and light	organia (	19.82 or	22e ADDRESS	MEDICAL STAP DIRECTOR   PHYSIC	ote and hour and from the	SIGNED S-&Z
	230 BURIAL, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d LOCATION		600 F 600 F 600 F
	burial	July 16,19		Haven Cem.		own, Wash	maryland
	24 FUNERAL DIRECTOR MIND 415 E. Wilson Bl	NICH FUNE vd., Hagers	ADDRESS	1 111	L 1 9 1982	Manue James	URE

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other troumatic event, th

Chrome Ornander Edmermay Classe denied kinglightens JUL 19 1867 - 12 - 9 - 20 1

Harpers Ferry, WV

(VR A 15 (4))

Robert L. Spencer

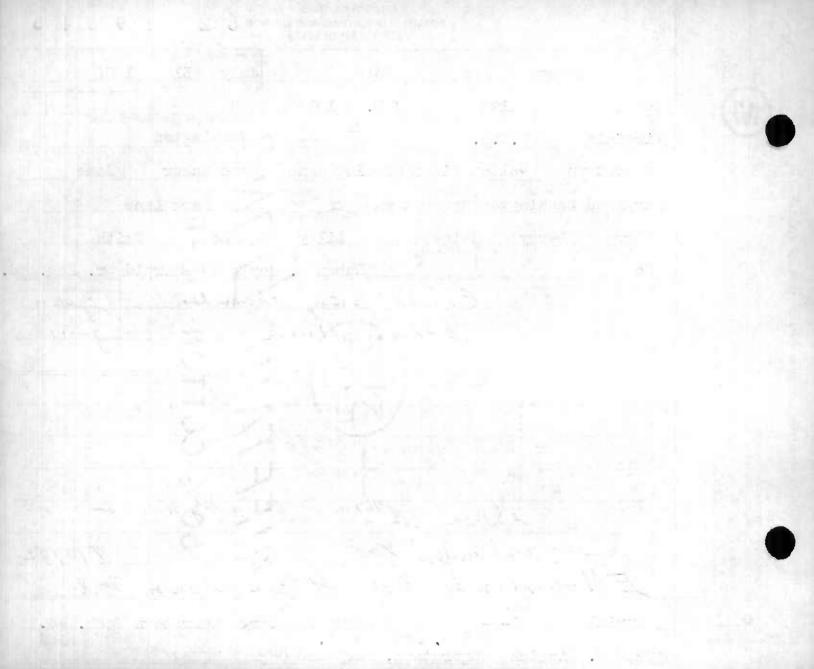
STATE OF MARYLAND

Now the page of the same of th		in the state of th	
	, ,		
	P Distancell you		mod warms
And Amel , region in the		militari di Propinsioni	
		TABLE OF THE PARTY OF	
H. C. Carlotte and A. Assett			
	-		
THE WIT, one hasses with			

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

				STATE OF MARYLAND		
	1	FOR - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 2   REG. NO.	9315
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
noy be	(111	(Buy	K.	Haust	7	11 82 vo: 60/
mo)	3. SE	X A. I	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	7n 8	Male IRTHPLAGE (STATE OR FOREIGN	White 76 CITIZEN OF WHAT COUNTRY	S 21 02	29 YR	
\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7	reservet md	US CHIZENOF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUL	MD.
The free free free free free free free fr	10 'C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
by the	1	tagerstown	Western	Maryland to	Leval Gov. 6	County Rds.
be be	USU 13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		DE LINE NSIDE CITY LIMITS?	1 × × 100000	Dept.
filler ould		ma lin	sh Had	17/500/ YES ON NO	ADDRESS BAY	) ) A
athir 2 sh	14, F.	ATHER'S NAME	1	IS, MOTHER'S MAIDEN NA	AME	01
d m pie		Erra	Hace	A COXXXX Es	sta MIDDLE	16 mes
d co		WAS DECEASED EVER IN U.S. AR		CURITY NO. IT INFORMAN	ADDINGS	2 Box 225
Poges medic		YES, NO OR UNKNOWN) (IF YES GIV	214-09	-8492 Mrs. Clara	E. Haupt, Boons	boro. Md. 21713
sicro ol.		18 CAUSE OF DEATH (Enter on	y one couse por e for 10 , b),		1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy		PART I. DEATH WAS CAUSE	E CAUSE ON ROST	he heart to	ai/line.	BETWEEN ONSET AND DEATH
ding orbo	7	4797 IMMEDIA			1	
e death ce e attendin move corb notion, or troumatic		Conditions, if ony, which	DUE TO, ORAGA CONSEQ	ost belook can	Sibresserla.	Bear 2000
he d moti		gove rise to immediate couse (a), stating the			acrasana a	ix tie yrs
by the series of the other		underlying couse lost	DUE TO, OR AS A CONSEO	Landa las 20	0114	
s t s t		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH MIT NOT PELATED TO THE TER	MINAL DISEASE OR CONDITION	CIN/ENLINL BART 1/-
signification of the property.	NO		20 (300)	See the see that the see the see	MINAL DISEASE OR COMMINGN	SIVEN IN PART 10
been prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF	YES, WERE FINDINGS USED
hos hos	TIF				YES TO NOT	RTIFYING CAUSES OF DEATH?
HYSICIAN: The rading physicion is certificate h buriol-tronsit (I Mentol Hygier or flem 18 shown or flem 18	CER	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM	
SICIAN ng ph certific unol-tr tentol i		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
HYSI Iding Buri Meri	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
ted and the	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
or of or of Affer se os t colth o		22a.1 certify that (I) (this hospit	al) attended the deceased from	2/6/82 10 82	2 10 7/11	, 19.82 , that (I) (we) last
TTEN pitol TOR for u		saw the deceased alive on	1) 10		death occurred on the date and	
R ATTEN hospital RECTOR ned for u		obove, (I) (we) (did) (did not	) view the body ofter death.	DEGREE		22c. DATE SIGNED
the the DI I DI		CAKWOO S	Age	ATTENDING	MEDICAL STAFF	2/11/20
HOSPITAL ned by the FUNERAL vid be detected to the Store ORTANT:		THE PHYSICIAN'S NAME IT INCOME	in juli	220 ADDRESS	DIRECTOR   PHYSICIAN	11/1/60
- 0 - 0 ± 6		CKYONG	KIM	1500	a flue mid	Hagersteny
Of Ship W		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Company of the Compan
BP		Burial	7- 13-82	Mt. Zion Cemetery	San May Wa	O Dated.
DHMH - 16 50M 1/81		JNERAL DIRECTOR		PIAPA	18501982	E AR'S SIGNATURE
(VRA 15, 4)		John H. Bast,	Jr. Boonsboro,	Md. 21713	7 0 1001	

THE RESERVE TO SHEET SECOND TO All our Blog Mrs. of me M. Man Rocaro etc. Me. Straig to 40 mile allegate all the 7-13-02 th. ion Oestevery dan key app. 15, gal. ---January Mr. Beensbarg, Mt. 21713



DHMH-16 30M 2/80 (VRA 15, 4)

FOR - STATE

REGISTRAR

our) opinion deoth accurred on the date and hour and from the causes stated 22c. DATE SIGNED Hagerstown Wash. MD 24 FUNERAL DIRECTOR 1601 Pennsylvania Ave. Rest Haven Funeral Chapel Hag. .

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

REG. NO

12b. KIND OF BUSINESS OR

Golden

BETWEEN ONSET AND DEATH

CAUSES OF DEATH?

NO [

STATE

that (1) (we) lost

YES

COUNTY

INDUSTRY

CONTROL TO SERVICE THE SERVICE AND ADDRESS OF THE SERVICE Local control and miles of a survey of the a loom to the state of the stat 12 6-22-8030 topers . Hazaman same ez 13e Light Hart Haven Cemotery Harry State South 

John H. Bast, Jr.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

JUL 14 1982

REGISTRAR				CERTI	ICATE OF DEATH		REG. NO.			
1. DECEASED NAME	FIRST		MIDDLE	DIO TO	LAST	2a DA	E OF DEATH MON	TH DAY	YEAR	25 HOUR
(TIPE OR PRINT)	Flora		Virginia		HOLDER		July 10,	1982		5:05P "
1. SEX		RACE			OF BIRTH	6. AGE	( IN YEARS LAST BIRTHDA		UNDER 1 YEAR	
Female	3300	White	е	MONE	Sept.25,1928		53	YRS	VIHS DAYS	HOURS MIN
BIRTHPLACE ISTATE	OR FOREIGN 7	b CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	D X NEVER MARRIED	9 BALT	IMORE CITY OR C		FDEATH	
Locust Gr	ove, Md.	U. S	. A.	WIDOWI		51	Washingto	n		WD
O CITY OR TOWN OF	DEATH 1	1. NAME OF	HOSPITAL, NURSI	ING HOME	OR OTHER INSTITUTION		UAL OCCUPATION	Dribic (IEE)	126. KIND (	OF BUSINESS OR
Hagerstown					Hospital	(TIPE OF	Housewife	S (Inc.)	Own	Home
USUAL RESIDENCE OF 130 STATE Maryland	THE COUNT	other institution.  Ierick	13c CITY OR TON Middle	RE ADMISSION) WN TOWN	13d INSIDE CITY LIMITS?	13e. STR	EEE 8031 Bol	ivar	Rd.	
4 FATHER'S NAME					15. MOTHER'S MAIDEN N					
Victor	r Cĥ	arles		nberge	r Pheob	ре	MIDDLE		Halle	
60. WAS DECEASED ET	VER IN U.S. ARM	ED FORCES?	166 SOCIAL SEC		17. INFORMANT		ADDRESS			Boliver .
NO OR UNKNOWN			215-26	-1836	Mr. Wayne	E. Ho	lder, Sr.	Mic	ddleto	own, Md.
18 CAUSE OF DI	EATH (Enter anly	ane cause per	line far (a), (b), a	nd (c)	4		AT SET THE R		BETWEEN	ONSET AND DEATH
PART I. DEAT	H WAS CAUSED		Car	amo	melpes				1071	4-7-10
1830		DUE TO O	R AS A CONSEOL	IENCE OF						1
Canditians, if	any which	1	0.	um (	MAN MAN	a av 0.	- mussels	in		
gave rise ta	immediate	(b)	0000	- CONT	was with a	- 110	I Market	w.,		
cause (a), st underlying co	tating the ause last.	DUE TO, O	R AS A CONSEQU	JENCE OF						
		(c)								
Z PART 2. OTHER S	GIGNIFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	RMINAL DIS	EASE OR CONDITIO	ON GIVEN	IN PART 1	a '
19a DATE OF OPE	RATION	TISK COND	ITION FOR WHICH	HOPERATIO	N WAS PERFORMED	200	AUTOPSY? 201	LIEVES VA	/EDE EINIDII	NGS USED
E IN DAIL OF OR	.KATIOIT	170 COND	THOINT OR WITH	OPERATIO	WAS PERFORMED		110	CERTIFYIN	IG CAUSES	OF DEATH?
71g. ACCIDENT WAS	HNDERLYING 🗔	21b. TIME O	E INTITION		Tale How blumpy occi	YES	NOID	YES [		NO 🗌
		110110 1	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	UKKED LENT	ER NATURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
(IF EITHER NOTIFY)  21d INJURY OCC		P.,		19						
21d INJURY OCC		21e PLACE (	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
	WORK									
		il) attended th	e deceased fram		. 19	, 10				that (I) (we) last
abave. How	eased alive an_ e)(did)(did nat)	view the bady	after death.	, ai	nd that in (my) (aur) apınia	an death ac	curred an the date o	ind haur a	nd fram the	causes stated
724 SIGNATURE	1.	1			DEGREE	/		17	22s DATE	SIGNED /
4	MM)-	LIL	MI	- /	ATTENDING PHYSICIAN	MEDIC	CAL STAFF TOR PHYSICIAN		7	11482
224 PHYSICIAN'S	NAME THE CH	Minits.	0	1	22e ADDRESS/ 2016	OAL	HILL AL	16	1	1
	NO	HN		TIP	0	H	AGER STOW	in,	MO	21740
30. BURIAL, CREMATIC	ON, REMOVAL	23b DATE			EMETERY OR CREMATORY		OCATION		OUNTY	57476
Burial		7-13-	-82	Boonsb	oro Cemetery	7	Boonsboro	, Was	sh. Co	o., Md.

Boonsboro, Md. 21713

DHMH - 16 50M 1/81 (VRA 15, 4)

10, 1962 5:050	CDSD .	EDIAM SINT	LOVE WOL	
			ovidati.	ofacel
notyna	2		, s. H. s.	avota datao
sept and stills	eror love	on county lossif	33	E 12. 2.7.15.1
L Jollyce de.		modelbu	M Soint at	g buskyts
Halles	Precioe		Spirites.	W. c . 0.1
.i.,	en . Fol er	. 1	2	
		Secondario de C Constanto de Compaño d Compaño de Compaño de C		
		and were		

Nonesbare, Meh. Co., M.

Volta 1. Bros, Jr. Boonsborn, St. 21715 ... Will die gra

26-27-7

FOR

REGISTRAR

- STATE

0.0		CEASED NAME FIRST Char]	Les Rufus		MES	July 9,		26 HOU
(M)		lale	White	5. DATE O	te 7, DAY 1889 AR	6 AGE (IN YEARS LAST BIRTHD.	MONTHS DAYS	HOURS
12	E	STOWNSVILLE, Md.		MARRIE		BALTIMORE CITY OR C Washingto	n	
by the filled at notify	E	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY GIVE STREE  COLTON VIIIE	Nursi		(TYPE OF WORK FOR MOST OF W.)  Maintenan	PORKING LIFE) 126. KIND (INDUSTRY	raft
filled in hould be	136 N	laryland Was	shington Reedys		134 INSIDE CITY LIMITS?	130 STREET ADDRESS BO	x 210	
ompletely 2 s			Holmes		IS. MOTHER'S MAIDEN NA	MIDDLE E.	Faub	
s. Pages medical	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN} (IF YES, GIV	MED FORCES?  NE WAR OR DATES)  166 SOCIAL SEC 220-09-	9135	Mrs. Pearl	A. Holmes, K		
igned by the attendeen please remave burial, cremation	7	Conditions, if ony, which gave rise to immediate cause (o), stating the underlying cause lost	(b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO		schoolik co			(0)
hos been si t permit. The tene prior to ows ony inju	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	Ob. IF YES, WERE FINDI N CERTIFYING CAUSE YES	INGS USE S OF DEA
aing physic is certificate burial-transi Mental Hyg or Item 18 sh	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED		DAY YEAR	21c HOW INJURY OCCUR	RED {ENTER NATURE OF INJURY IN	NITEM 18 PART : OR PART 2)	
After the e os the olth and marked o	WE	WHILE NOT WHILE AT WORK	(ATHOME STREET FACTORY, OFFICE		STREET	CITY OR TOWN		
TOR: for us of He		sow the deceosed olive on above, (I) (we) (did) (did no 27b. SIGNATURE	19	, or	nd that in (my) (our) apinion		and hour and from the	that (1) ( couses sta SIGNED
DIREC Oched Dept. If Item	1				ATTENDING _	MEDICAL STAFF		

Boonsboro, Md. 21713

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖁

126. KIND OF BUSINESS OR Aircraft Mfg.

Wash. Co., Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO.

DAY

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

John H. Bast, Jr.

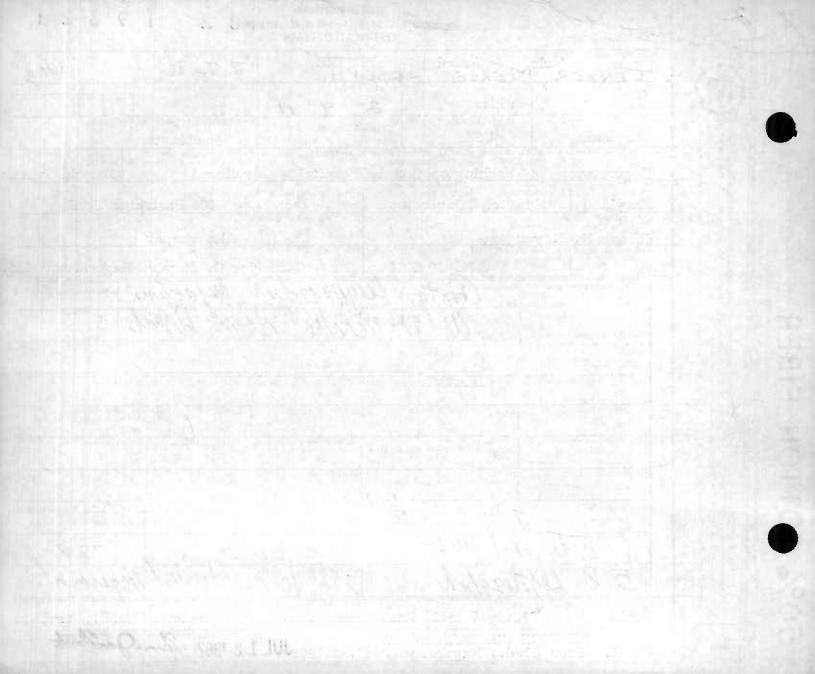
No.	2 6					
	July 9, 1989		AND E		andred:	
	18	9,581	arat			e Jell
	nougeLaim				• 13.4	Trong ont
0	aon mainist	Bhart	solation all			
	Max 1 Box 2		offic	an not	nida b	on fyrw
5,50001		ridi	8.31	Sol		MILLARM
Swille. II.	Miles, seel	1	SE 18-28			oil.
ing	, modunos,	THE SHEET S	3 Manual Communication	7- 12-82		
			765 Mil. 277	Chu	.56 .35	. I mion

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

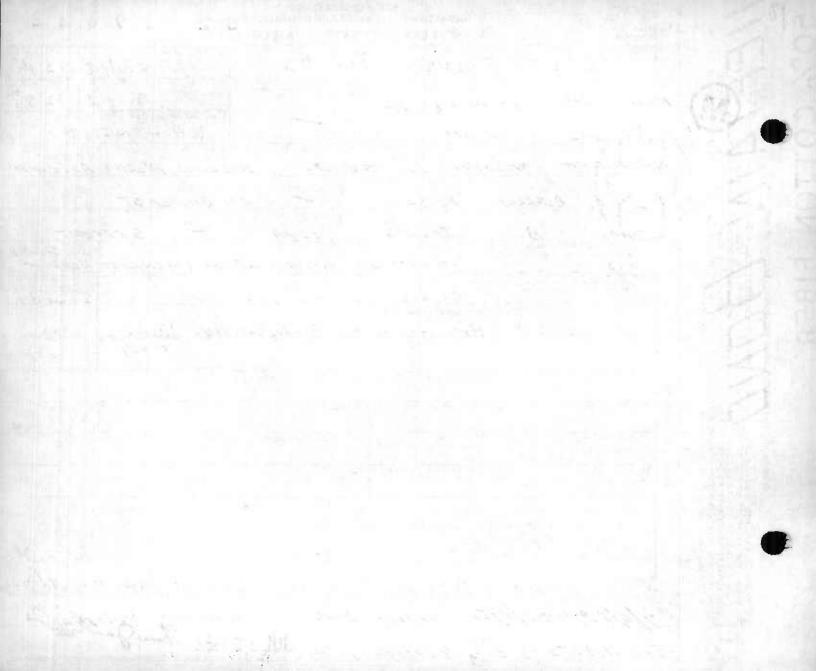
FOR

(VRA 15, 4)

A STATE OF PORT OF THE SALW PROPERTY. Allerand Sant Allerand Andrews Santanian



	STATE OF MARYLAND	10 M M
1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE  STATE  REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR	5 2 4
1.0	FCFASED NAME FRST MIDDLE LAST	DAY YEAR 76. H
	YPE OR PRINTI) LEUI EDWARD JACOBS OF ESTI- DEATH MATED & JUL	12 1982 15
3. SE	EX 4. RACE 5. DATE OF BIRTH 6. AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH	DAY YEAR 2d H
1	MALE- CAU. 7- 14-09 LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED JULY	2 1982 8
70	BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTRY)	
7	KANSAS U.SA WIDOWED DIVORCED WASHING	
	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b KIND OF BUSINES OR INDUSTRY
	HAP CHISTONIA (IN NOT IN SOCIALILITY, OVER STREET ADDRESS)  FOR MOST OF WORKING LIFE  NIN BEST DE NOTE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	AIL Cons
130.	STATE 134 COUNTY 134 CITY OR TOWN 134 HISDE (11Y LIMITS? 130 STREET ADDRESS	
	W. VING BENKLEY WEDGES WILL- YES NO 1201 CHUNCH ST	
	FIRST AIDDLE LAST FIRST MIDDLE	LAST
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	IFERT
	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 187-10-8 039 VIVAN M. TAROYS 2016HICUS.	T HONGEN
	18. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERV BETWEEN ONSET AND D
	PARTIDEATH WAS CAUSED BY: Cardiac Harest - 427	Libertal C
USU 130.	DUE TO, OR AS A CONSEQUENCE OF	
-	Canditions, if any, which gave rise to immediate (b) Arteriosclerotic Cardio Vascular Disease.	10 475
	cause (a) stating the <u>under-lying cause last.</u> DUE TO, OR AS A CONSEQUENCE OF  ## 4-29	
	ying coose iosi.	
1_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101.	
CERTIFICATION		
7 5	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
i E	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 211. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN JEM 18 PART 1 OR P.	YES NO!
		N(1 Z)
MEDICAL	CONTRIBUTING CAUSE OF DEATH P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION	
ME	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY
	22a   Certify that   took charge af the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry .	pinian
	death resulted from Natural causes M., Accident L., Suicide L., Hamicide L., Undetermined manner L.,	
	ACTUAL CALLED IN DO NO TO DATE	T. 102 10
2	SIGNATURE W- WE TO THE MILE SIGN	ED DULY X, ()
4	EXAMINER'S NAME Edward W. D. HO THE MD ADDRESS 217 W. Wash. St. Hager	chown Hd 2
230	BURIAL CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMATORY 236. LOCATION	JULY JULY AT
230.	1 SHILOH CM W.MINGTON YOU	Was STATE
24	FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR OF REGISTRAR 12.	SIGNMAN
-	NAME , ADDRESS ADDRESS	1117
1	JARTENSTEIN, MINERAMA PA JULI 2 1982	



REGISTRAR CERTIFICATE OF DEATH		CERTIFICATE OF DEATH  REG. N	10.				
--------------------------------	--	------------------------------	-----	--	--	--	--

1. DEC					REG. N			
Line C	EASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Joseph	Webster	J	AMISON	July	8,	1982	10.34
3 SEX		4. RACE	5 DATE (		6 AGE (IN YEARS LAST BI	RTHOAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	Male	White		ber 23,1903	78	YRS		HOURS M
la. BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	ITRY? 8	DE NEVER MARRIED	9 BALTIMORE CITY	R COUN	TY OF DEATH	
	Maryland	USA	WIDOWE	DI DIVORCED	WASHINGTO	N		
10. CIT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS
	gerstown	Washington	County	Hospital	Farmer			ulture
JSUAI 13a ST	L RESIDENCE IN NURSING HOME OF			13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	1		
		ington   Sharp	sburg	YES NO X	Route # 1	Box	( # 149	
4 FAT	THER'S NAME	MIDDLE LAS	T	15. MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAS	7
	Josiah Wort	thington Jami:	son	Minnie	Florence		Gray	
	'AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDR			
	no	217-	28-1224	Elmer Jamiso	n item 13 a	above	- 10000	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line or (a), (b	bi And of	11 11.	1 1	10	BETWEEN	MATE INTERVAL
_ I-	BART 2 OTHER SICALIEICANIT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 110	
NO	PART 2 OTHER SIGNIFICANT							
TIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	IGS USED
CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR W		N WAS PERFORMED	YES NO	IN CERT	TIFYING CAUSES	IGS USED OF DEATH?
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR W  216 TIME OF INJURY HOUR A.M. MONTH			YES NO	IN CERT	TIFYING CAUSES	IGS USED OF DEATH?
NEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	1% CONDITION FOR W  216 TIME OF INJURY HOUR A.M. MONTH P.M.  216 PLACE OF INJURY	DAY YEAR 19		YES NO	IN CERT	TIFYING CAUSES	IGS USED OF DEATH? NO
NEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	196 CONDITION FOR W  216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR 19	21c. HOW INJURY OCCURR	YES NO	IN CERT	IFYING CAUSES YES  PART I OR PART 2)	IGS USED OF DEATH? NO
MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE  AL WORK  220.1 certify that (1) (this hospi	216 TIME OF INJURY HOUR A.M. MONTH P.M. 216 PLACE OF INJURY (AT HOME STREET, FACTORY, OF	DAY YEAR 19 FFICE FARM ETC.)	21c. HOW INJURY OCCURR	YES NO	IN CERT	(IFYING CAUSES YES  PART 1 OR PART 2)  COUNTY	IGS USED OF DEATH? NO
MEDICAL CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE)  21d INJURY OCCURRED  WHILE  NOT WHILE  AT WORK	21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19 FFICE FARM ETC.)	21c. HOW INJURY OCCURR 21f LOCATION STREET	YES NO	IN CERT	COUNTY	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp)	21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19  FFICE FARM ETC )	21c. HOW INJURY OCCURR 21f LOCATION STREET 19	YES NO	RY IN ITEM 18	COUNTY	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 270. I certify that (1) (this hospi	21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19  FFICE FARM ETC )	21c. HOW INJURY OCCURR 21f LOCATION STREET	YES NO	IN CERT	COUNTY	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 270. I certify that (1) (this hospi	216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19  FFICE FARM ETC )	21t. HOW INJURY OCCURR 21f LOCATION STREET	YES NO	IN CERT	COUNTY	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTHEY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (1) (this hospi	216 TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19  FFICE FARM ETC )	21t. HOW INJURY OCCURR 21t LOCATION STREET	YES NO	IN CERT	COUNTY	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 210. INJURY OCCURRED WHILE AT WORK 270. I certify that (1) (this hospinal individual individua	21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19 FFICE FARM ETC)	21t. HOW INJURY OCCURR 21t LOCATION STREET	YES NO	IN CERT	COUNTY	IGS USED OF DEATH? NO STATE
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 270. I certify that (1) (this hospital)	21b TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	DAY YEAR 19 FFICE FARM ETC.) TOM	21c. HOW INJURY OCCURR  21f LOCATION STREET  . 19 d that in Implicate agains a PEGHEE ATTENDENCE PHYSICIAN  27s. ADDRESS	YES NO DED (ENTER NATURE OF INJUITED (114 OR IC)  to 160 DRECTOR PHYSIC	IN CERT	COUNTY	IGS USED OF DEATH? NO STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

58-1 3	vist		3 5 1 1 1	A department	ol
		Edet Kaylada		de la	of W
					om (yes)
	480707	fazigadi			
TAR LANG	1 medical		W45, 136	vojenijies	smile a
New York		alonts (	ngsingt Ens	sent dros	platech
	a 11 most no	elpak nedla W	2/80-1/2 -		

14.46.44.0			anner zoeu I
			and divergence
		S o Lendina. Serent line apr	
U. T.	at a	ne i	and the last
il de la completa de la	te U . and S S		
Andreit J. J. Hill.	er entress		

ond 2 sh

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other froumotic event, the

	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE 8 2	19	3 2 5
		E OR PRINT)		AIDDLE	1.	LAST	20 DATE OF DEATH MONTH		AR 2b HOUR
				anlea	/	erstiner	7	-24-8	2 8-P M
	3. SE	male	4 RACE whi	te	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	MONIHS (	YEAR IF UNDER 24 HRS
34		IRTHPLACE (STATE OR FORE COUNTRY) Maryland		S.A.	MARRIE WIDOW	D NEVER MARRIED	9 BALTIMORE CITY OR COL Washing	UNTY OF DEAT	H
19		ity or town of death lagerstown	LIF NOT IN SUC	OSPITAL, NURSING HEACHLITY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK  machinist	ING LIFE) 126 KII	ND OF BUSINESS OR
36	13a .	AL RESIDENCE (IF NURSING I STATE aryland W	HOME OR OTHER INSTITUTION COUNTY Vashington	GIVE RESIDENCE BEFORE	4	13d INSIDE CITY LIMITS?	Route 9. Bo		
10	14. FA	Franklin	H. k	Kershner		15. MOTHER'S MAIDEN NA Susie	ME MIDDLE		amaker
,		WAS DECEASED EVER IN (	J.S. ARMED FORCES?  YES, GIVE WAR OR DATES!	16b. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRESS		
1		no	TES, GIVE WAR ON DATES)	705-10-4	1691	Mrs. Gladys	M. Kershner,	Hagers	stown, Md
		Conditions, if ony, wh	DUE TO, OF	AS A CONSEQUE	NCE OF	eural mesot	helioma	7	PROXIMATE INTERVAL WEEN ONSET AND DEATH MONTH.
	rion	PART 2 OTHER SIGNIFIC	TANT CONDITIONS CO	clerotie	Cari	diovascular	MINAL DISEASE OR CONDITION  AISCASE		
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED		IF YES, WERE FI ERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
9	ICAL CE	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE)	E OF DEATH HOUR A.A	A. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART : OR PAR	T 2)
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE C	OF INJURY SET, FACTORY, OFFICE, FA	RM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
		22a I certify that (I) this sow the deceased a obove, June (II) 22b. SIGNATURE	s hospital ottended the live on Tuly (did not view the body of			nd that in (m) (exc) opinion of the description of	to July 24 death occurred on the date and		the couses stated
		1	d E. Ami	EL, M.L		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN		7/29/92
1		Richard	E. Smith			1708 Da	k Hill Ave, H	ogersto	wn Med.
		BURIAL, CREMATION, REM	July 27	7,1982 R	ose I	EMETERY OR CREMATORY Hill Cemetery	Hagerstown,		
			INNICH FU			25a DAT	E REC'D. BY REGISTRAR 251 DE	GISTRAR'S SIG	NATURE
	41	5 E.Wilson I	Blvd., Hage:	rstown, Ma	aryla	nd 21740	30 1987 Fra	me for	allas Cla-

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

CARLES PARTO STEELING L'EL MARCHE a syldyr comments and a MENTAL CONTRACTOR De stille stime of bridges The B. Cale William Property and

- 1
-

STATE OF MARYLAND

1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 9 3 2

CERTIFICATE OF DEATH

REG. NO.

REGISTRA	R			CERTIF	ICATE OF DEATH		REG. NO.				
I. DECEASED NA	ME FIRST		MIDDLE	1	AST	20 DATE OF D		ITH DAY	YEAR	26 HOU	R
(TYPE OR PRINT)	Elsie	Ma	av.	KL	INE	July	26,	1982			
3. SEX		4 RACE	,	5. DATE C	OF BIRTH	6. AGE (IN YEAR			NDER I YEAR	IF UNDER	24 HR5
RXXX	XX Female	Whit	e	MONTE		0-		MON		HOURS	MIN.
To BIRTHPLACE			WHAT COUNTRY	? 8 May	24,1885	9 BALTIMORE	CITY OR C	YRS.	DEATH		
COUNTRY)				MARRIE	D NEVER MARRIED			00.00	DEATH		
Maryla  10 CITY OF TOW		USA 11. NAME OF I	HOSPITAL NURSI	WIDOWE NG HOME O	DROTHER INSTITUTION	WASHIN 12a USUALOC		1	12b. KIND O	E BLICANIE	MD
		(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS]	or other majnonor	TYPE OF WORK FO	R MOST OF WO	RKING LIFE)	INDUSTRY		33 UK
Maryla	nd CE (IF NURSING HOME O		Lear Mar			House	wife		HOI	ME	
I3n. STATE	136 COU	NTY	13c CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e. STREET AD					
Maryla		ington	Willian	nsport	YES NO NO		Lear	Mano	r		
14 FATHER'S NA/ FIRST	WE	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		AIDDLE		LAS	т	
Willi		nry	Besecker		Ellen	Virg	inia		Snyde	er	
60 WAS DECEAS		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDRESS				
no			215-09-	-7347	Virginia E.G	earhart	item	13 ab	ove		
18 CAUSE	OF DEATH Enter or	nly one couse per	line for (a. (b), a	nd (c).)				T	SETWIENCO NO	SELEN ITAM	OEATIME
PART I.	DEATH WAS CAUSE	TE CAUSE (o)	W	Les	nea			-	2.	- 3 A	eleg
42	92	DUE TO O	A GONISEON	word)	1		1			1	
Conditions	s, if any, which	i de	nes	sell	rosale	roes	-		7	gu	ン
gove rise	to immediate	auren n	a st		0 0	0	.15	7	11	0	
underlying		BUE TO, OF	INE	no	selleute	-0	0.61		7		>.
PART 2 01	HERAIGNIFICANT	CONDIDONS CO	INTRIBUTING TO	DEAZH BUT	NOT RELATED TO THE TERM	UNALDISEASE O	B CONORA	ON GIVEN I	NI PART LIA		_
& un	Done	Tulle	1 /	120-	ent 1 1/	A,		and Cittle	417487 110	2	
STATE OF THE PARTY	F OPERATION	1% CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	TRE AUTOPS		IF YES, WI			
Ħ.						VES ET IN	OF	CERTIFYING	CAUSES	OF DEAT	
21a. ACCIDE	NT WAS UNDERLYING	216 TIME O	F INJURY		21c HOW INJURY OCCUR	to the state of th	1,00	ITEM 18 PART I	OR PART 2)	140	_
On CO. (Serve)	TING CAUSE OF DE	7111	M. MONTH D								
2	OCCURRED	21e PLACE (		19	211. LOCATION						
AANATE	NOT WHILE		EET, FACTORY OFFICE,	FARM ETC )	STREET	C	ITY OR TOWN		COUNTY	5	TATE
AT WORK	ATWORK		1 11	6 1.	20112014 07	dat					
120.1 certif	y that (I) (XXXX) control deceased alive on	XX offended the	e deceased from,	92	anuary 1981 and that in (my) Xy) opinion	, todat			, 1	that (l) ()	(e) lost
spiritive/	(I) (dylyd	it) view the body	atter death.	, 01	id that in (my) Ad / opinion	death accurred a	n the dote o	na nour on			ted
1/1	-0111	100	15	1	ATTENDING	MEDICAL	STAFF		220 DATES	SIGNED	
Y	war	7/(	LON	pe	PHYSIGIAN [	DIRECTOR			28 Ju	ılv.l	982
/ IZE PHYSIC	SEASON STATE	e restati	/		22e ADDRESS					,	
Rich	ard T. Bi	nford, M	.D.		1135 Potoma	c Ave.	Hager	stown.	, MD	217	40
230 BURIAL, CRE/	MATION, REMOVAL	23b DATE	23с.		EMETERY OR CREMATORY	23d LOCATIO		200	2	Math	· · ·
(3.50.1)	Burial	July 2	29,1982	Rose	Hill Cemetery	Hagers	town	Masbu	ogton	Mar	lar
24 CLINICOAL CIR	CTOR				1	11 2 11 14	10/	-	-		

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event,

24 FUNERAL DIRECTOR
Major M. Osborne Williamsport, MD 21795

250 DECO DE RECOMAR 256. REGISTRAR'S SIGNATURE

Committee and a second and a second and the second privile and the contract of th 

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS July 21. 1982 Ralph Edward Land 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS Male Nov. 16. 1908 White To BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington County McClean CO..II WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3 E. Baltimore Street Hagerstown MD 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 43 E. Baltimore St. Hag., Washington Hagerstown YES C\* Marvland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE "Weatherford" Hazel Land Dean Land 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES, NO OR UNKNOWN LIF YES, GIVE WAR OR DATES! Yes 328-09-7893 Rello O. Land Same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I, DEATH WAS CAUSED BY. omershirs IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION mellitus

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO F 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

21f LOCATION

STREET

(AT HOME STREET FACTORY OFFICE FARM, ETC ) NOT WHILE Cd124 1975 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive on above, (I) (Me) (did) (and not view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d. PHYSICIAN'S NAME TTYPE OF PRINT 77e ADDRESS

21e PLACE OF INJURY

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

Rest Haven Cemetery Hagerstown Wash. Burial

HAVEN FUNERAL CHAPEL 24 FUNERAL DIRECTOR Hagerstown, Maryland

23b DATE

LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

CITY OF TOWN

MD

COUNTY

DHMH - 16 50M 1/81 (VRA 15, 4)

Male 77 1998 77 1998 77 1998 Modilisan CO., in \_ 1.5.4. \_ samington Council described in the modern of the contract of the Maryland - Vanhington Haggratons \* - 25 5. July 1 Doctor James | Dear | Land | Horses | Land | Yez ... . 528-09-7897 Rello O. Land Same as 75e Hartal 7-24-92 Rest Edvan Jensony Lugaresown Mash. Mel 1322 Haves Rujellah Jeaffeld July 1 1832 Parks Andrews Backers Cord. Rest Plant hagerstown, Paryland

(TY)	ECEASED NAME FIRST	WIDDLE	LAST		DAY YEAR 26 HOUR
	Pau	ıl Unger	LANTZ	July 1, 1982	73
3 SI		4. RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 21
1	male	white	May 8, 1898	84 YRS	
15:	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY	
	Maryland	USA	WIDOWED DIVORCED	Washingto	on
OI	Hagerstown	109 East Aver		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF  bookkeeper	12b. KIND OF BUSINES
130.	STATE 136 CC	E OR OTHER INSTITUTION GIVE RESIDENCE BEFORD TO Shington Hagers	RE ADMISSION) WN 13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 109 East Avenu	ie
14 F	Harvey C. La	MIDDLE LAST	15. MOTHER'S MATDEN N	Emma Ünger	LAST
1	WAS DECEASED EVER IN U.S.  (YES, NO OR UNKNOWN)  (IF YES)	ARMED FORCES? 166 SOCIAL SEC 214-09-8		ADDRESS Lantz, Hagerstown	, Md.
	PART I. DEATH WAS CAL	only one couse per line for (o), (b), or USED BY: DIATE CAUSE (o)	1 1 1	lino	APPROXIMATE INTERVENT ONSET AND D
	Conditions, if any, which gove rise to immediate couse IoI, stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEOU	wischneste cardi		10 y
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200. AUTOPSY? 20b IF YES IN CERTIF'	, WERE FINDINGS USED YING CAUSES OF DEATH S NO NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH D	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	FARM. ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STA
		on Tank 7 19 1	Oct 4 , 19 7/		19 <u>Se</u> , that (h) (we and from the causes state
	226. SIGNIADURE Solwaul le	. Distorn	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	July 2, (
1	22d. PHYSICIAN'S NAME (TY		22e ADDRESS	1. 1	
	Edw. W. D	Pitto, III	217 W. Was	shington, Hager	stown, Md

415 E. Wilson Blvd., Hagerstown, Md. 21740

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 CERTIFICATE OF DEATH

REG. NO.

CHARLEST PROPERTY AND ADDRESS OF THE PARTY O ment account to be and the first transport to the first transport transport to the first transport transport transport to the first transport transpo 

STATE OF MARYLAND

- STATE REGISTRAR			DEFARIT		ICATE OF DEATH	IENE Q	REG. NO.	7 3	L. 7
DECEASED NAME	Clyde	Joh	nn I		HERMAN	July	6, 1982	DAY YEAR	26 HOUR 7.150 Am
male		white		5. DATE O		6 AGE (IN YE	EARS LAST BIRTHDAY)	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
BIRTHPLACE ISTAT	E OR FOREIGN	USA	WHAT COUNTRY?	8 MARRIE WIDOWE	DE NEVER MARRIED DIVORCED		RECITY OR COUN shington	ITY OF DEATH	MD
lagerstown of	1	Raven	HOSPITAL, NURSING H FACILITY, GIVE STREET A WOOD LUT		or Other institution  Nillage		occupation for most of working ne handle	G LIFE) 12b. KIND C INDUSTRY W.M.	d. Ry.
SUAL RESIDENCE (# In STATE  Iaryland	Wash	in gton	GIVE RESIDENCE BEFORE  134 CITY OR TOWN  Hagersto		13d INSIDE CITY LIMITS?	13e. STREET A	ute 2, Bo	x 356	
FATHER'S NAME FIRST	hn Leat	herman	LAST		Is MOTHER'S MAIDEN NAM		WIDDLE	LAS	51
WAS DECEASED E		MED FORCES? E WAR OR DATES)	16b SOCIAL SECUI	RITY NO.	Vallie Leath	erman,	ADDRESS Hagerst	own, Md	
18 CAUSE OF D PART I. DEAT	EATH (Enter on H WAS CAUSE IMMEDIA)	D BY:	Dulm	NCE OF	y Tuherau	loses		MET WEEK	MATE INTERVAL 2HOEF AND DEATH
Conditions, if gave rise to couse (a), s underlying co	immediate	DUE TO, OF	AS A CONSEQUE	Acl	urtic Hears	plee	roles		
PART 2. OTHER S	GNIFICANT (	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION C	GIVEN IN PART 10	0
190 DATE OF OPI	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FINDI RTIFYING CAUSES YES []	NGS USED S OF DEATH?
21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DEA	O.A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTERNAT	URE OF INJURY IN ITEM 1	18 PART I OR PART?)	
WHILE NO NO AT WORK	T WHILE	21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	RM ETC)	211 LOCATION STREET	٥	CITY OR TOWN	COUNTY	STATE
220. I certify that saw the dec	eased alive an	11- /1		), or	nd that in (my) (our) opinion o	, to	op the date and h	19 8 , nour and from the	that (1) (we) lost couses stated

SIGNATURE

22e ADDRESS

DEGREE

MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING PHYSICIAN

230 BURIAL, CREMATION, REMOVAL burial

23c NAME OF CEMETERY OR CREMATORY July 10,1982 Rose Hill Cemetery

23d LOCATION
CITY OR TOWN
Hagerstown, Wash., Maryland

74 FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

250 DATE REC'D. BY REGISTRAR 258 GISTR

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT

CONTRACTOR OF THE PARTY OF THE AND THE SAME SAME AND THE

11	
7 9	FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.			
	CEASED NAME FIRST EVELY	n Jane	LEV	WIS	July 14		YEAR B2	26 HOUR 9:05
3. SE	female	white	5. DATE OF E		6 AGE (IN YEARS LAST BIRTHD)	YRS.	IDER I YEAR	IF UNDER 24 H
	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTR U.S.A	MARRIED WIDOWED		9 BALTIMORE CITY OR C Washi	ngton		
	Hagerstown	Washington			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI HOUSEWIT	ORKING LIFE) IN	NDUSTRY	BUSINESS me
	STATE NO COO		ville 13	Bd. INSIDE CITY LIMITS?	13331 Stot	tlemy	ver F	Rd,
14. F	ATHER'S NAME Martin	MIDDLE Drape	r	Mae	WIDDLE		Lewi	.s
	WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GF	RMED FORCES? VE WAR OR DATES)  166 SOCIAL SE 215-14		7. INFORMANT Mr. John W.	Lewis My	ersvil	lle,	1d.
	4100	DUE TO, OR AS A CONSEC	DUENCE OF	101.10				
NO	F 1 1mm	(b)	DUENCE OF	)S CUA	n al disease or conditi	ION GIVEN IN	N PART TO	,
TIFICATION	gove rise to immediate couse (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	(b)	DUENCE OF  O DEATH BUT NO  WK	OT RELATED TO THE TERM	20a AUTOPSY? 20	ION GIVEN IN  III. IF YES, WEI  CERTIFYING  YES	RE FINDIN	GS USED
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(b)  DUE TO, OR AS A CONSECTION  (c)  CONDITIONS CONTRIBUTING T  UP LU  19b. CONDITION FOR WHILE  21b. TIME OF INJURY HOUR A.M. MONTH	DUENCE OF  O DEATH BUT NO  WAR  CH OPERATION V  DAY YEAR  19	OT RELATED TO THE TERM WAS PERFORMED	200 AUTOPSY? 20	DE IF YES, WEI CERTIFYING YES T	RE FINDING CAUSES	GS USED OF DEATH?
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIBLEANT  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CAUSE OF DE CONTRIBUTION OF C	(b) DUE TO, OR AS A CONSECTION  (c)  CONDITIONS CONTRIBUTING TO  19b. CONDITION FOR WHILE  19b. CONDITION FOR WHILE  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE  ittol) ottended the deceased from	DUENCE OF  O DEATH BUT NO  WAR  CH OPERATION V  DAY YEAR  19  22., and t	OT RELATED TO THE TERM  WAS PERFORMED  THE HOW INJURY OCCURR  THE LOCATION STREET  THOSE IN (OUT) Opinion of	200 AUTOPSY? YES NO DED (ENTER NATURE OF INJURY IN	DE IF YES, WE IN CERTIFYING YES THEM 18. PART I CO	RE FINDING CAUSES ( COUNTY  2 , ti	GS USED DF DEATH? NO  STATE that (I) (we) auses stated
	gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE (19 EITHER NOTIFY MEDICAL EXAMINE LIMING)  21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK  22c. I certify that (1) (this hasp sow the deceased alive or some course or some c	DUE TO, OR AS A CONSECTION  (c)  CONDITIONS CONTRIBUTING TO THE CONDITION FOR WHITE CONDITION CONTRIBUTION FOR WHITE CONDITION CONDITION CONDITION CONTRIBUTION CONTRIBUTIO	DUENCE OF  O DEATH BUT NO  OHOPERATION V  DAY YEAR 19  22, ond 1	DT RELATED TO THE TERM  WAS PERFORMED  THE LOCATION STREET  That in (my) (our) opinion of GREE	200 AUTOPSY? YES NO CONTROL NATURE OF INJURY IN CITY OR TOWN	DI IF YES, WEIN CERTIFYING YES THEM IS PART I CO	RE FINDING CAUSES (	GS USED DF DEATH? NO  STATE

DHMH-16 30M 2/80 (VRA 15, 4)

(SPECIFY) Burial
24 FUNERAY DIR CTOR
Birt Jersi

Funeral Myersvil

el reel of Ague			ans is and	
	Bres , fr	.541	didu	i Arena
icanida a				the const
estresuc	istigadi	venue. In	រដ្ឋភូពិស្រីសំពេ	T/03% 10 5
of regulations likely		# Littura	yli daliyal	
Alber				uldus .
.im, elifevazeva misez	A dilat	HASTING.		
			3.47.5	
	Section 1			
World Land and the				

. N. pag. "Jeonawat vandemės egolo nulu pilas vitus, — istau Vitus pilkini pagikativamos sandi latenos nadavidai, — istai

7			500			TE OF MARYLAND	0 0 1	O 129 - 2
P		1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYC FICATE OF DEATH	REG. NO.	9 3 3 1
			CEASED NAME FIRST	WIDDI		LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
	noy be poge 3	(1111)	Pauli	ne Jos	sephine	Little	July 3, 1982	2 11:30 P
	mo, po	3 SE		4 RACE	5 DATI	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	100	F	'emale	White	5-2	9-1892 YEAR	90 yr:	MONTHS DAYS HOURS MIN
	E ( BAI )	Pa. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA	T COUNTRY?	ED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	手を開いる		Maryland	U.S.A.	WIDO		Washington	MD.
	1 11 19	10 C	ITY OR TOWN OF DEATH		PITAL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
5	1 10	H	lagerstown		nor Nursino	Home	Seamstress	Garment
212	1 54 5F	USU 13a	AL RESIDENCE (IF NURSING HOME CONTACT   13b. COU	OR OTHER INSTITUTION, GIVE			13e STREET ADDRESS	
N N	0 H 30				ancock	YES NO X	Rt. #2	
YLA	tely 2 shin	14. F	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME	
MARYLAND	by de do		William		Little	Laura	MIDDLE B.	Siler
	d co		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECURITY NO	17 INFORMANT	Baltimo	ore, Md.
WO	Poges medico	,	NO		13 10 5640	Josephine Sch	wartz 344 E.28t	
BALTIMORE,	sicion pers. P ol.		18. CAUSE OF DEATH (Enter o					APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
ST., B	physici an paper emovol.		PART I. DEATH WAS CAUS	ED BY:	Pneumon	a		4 days
		7	4260		A CONSEQUENCE OF			
STO	ten tren ve co ian,		Conditions, if ony, which	(b)	A CONSEQUENCE OF			
8	the o		gove rise to immediate couse (a), stating the	DUE TO OR AS	A CONSEQUENCE OF			
*	s that the death ce of by the attending lease remove carb ial, cremation, or a or other traumatic		underlying couse lost.	DUE TO, OR AS	A CONSEQUENCE OF			
30			PART 2 OTHER SIGNIFICANT	CONDITIONS CONTR	BUTING TO DEATH BU	IT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (	GIVEN IN PART 10 Diseas
RDS	n sign Then f	NO	Old Cere	bral vasc	ular acc	dent; Hyper	tensive cardi	lovascular
DIVISION OF VITAL RECORDS, 301 W. PRESTON	beer mit.	CERTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERAT		20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
AL R	2 0 0 0 5	TIF	None		_		YES NOT	TIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
N N	N. The system of	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJ	URY MONTH DAY YEA	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM )	8, PART 1 OR PART 2)
9	SICIAN ng ph certifu certifu tentol it	AL	OR CONTRIBUTING CAUSE OF DE	ALL I	none			
Ö	A P P P P P P P P P P P P P P P P P P P	WEDICAL	21d. INJURY OCCURRED	21e. PLACE OF IN	JURY ACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
N N	DING P or after the se os the olth one morked	¥	AT WORK AT WORK		ne	- STREET	- CITORIOWN	COUNTY STATE
0			22a.1 certify that (1) (this hasp			11y 1981	to July 3	. 19 82 , that (I) (we) lost
	hospital RECTOR. red for us ppt. of He		sow the deceosed alive of obove, (I) (we) (did) (did no	July		and that in (my) (our) apinion	death occurred on the date and h	nour and from the couses stated
	A Phe Pe		226. SIGNATURE	1 440	deoin.	DEGREE		22c. DATE SIGNED
	The Part of H		WW Z	in PID		ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR   PHYSICIAN	7-9-82
	HOSPITAL ined by the FUNERAL I uld be deto by the Store CORTANT: If		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		
		10	William W.	Lesh M.D		411 Divisi	on Ave Hager	estown, Md.
	of of odd with	23a. 6	SURIAL CREMATION REMOVAL			CEMETERY OR CREMATORY	236 LOCATION	
	BP	B	specify) urial	7-7-82	St. Pe	ters Catholic	Hancock Wash	LOUNTY STATE
DH	MH - 16 60M 7/73		INTERAL PRECTOR		ADDRESS	25g PAT	E REC'D. BY REGISTRAR	SE WILLIAM KATT
	(VR A 15 (4))	Gr	ove Funeral Hor	me Hanco	ock, Md.	JUL	1 2 1387	U
			THE THIRT IN	TACTICE.	COLF LEGG			

Uld derebra, vascular accident, Hypertansive cardiovascul Sala E Crant To the Control of the C I VIUL 2 m 2 m 17 William . seah F. J. C . Wil . Ivision ave Heserstown, Jd. AND THE RESERVE OF TH

1					OF MARYLAND	774		A 100 1	NT.9 43
1	FOR STATE REGISTRAR		DEF		EALTH AND MENTAL HICATE OF DEATH	HYGIENE 8	REG. NO.	93	5 2
1. (	DECEASED NAME	Edith	C,	2	ong	2a DATE OF D		22 1982 2	2
	Fen.	rale (	Caucasion	S. DATE C	F BIRTH OAY YEAR 1894		8 YR:	MONTHS DAYS P	HOURS
9	COUNTRY) Pa		US A	WIDOWE		BALTIMORE	IASH.	Co,	
E	300nesb	pro	Tahrner-Ke		Home		CUPATION OF WORKING	1	BUSINES
13	SUAL RESIDENCE (	136 COUNTY	13c CITY OF	R TOWN	13d. INSIDE CITY LIMITS YES NO [	302 N	DRESS 1. Potom	ac St.	
	George WAS DECESED	Pet	er Co	shman SECURITY NO.	15. MOTHER'S MAIDEN  Elizabet  17. INFORMANT		ADDRESS	Keen	y
100	(YES, NO OR UNKNOW			16-1824A	Fahrner-	Keedy H	D	mesham,	Md.
CERTIFICATION		SIGNIFICANT COI	(c) NDITIONS CONTRIBUTION			ERMINAL DISEASE C	Y? 20b. )F	GIVEN IN PART 1(a) YES, WERE FINDING RTIFYING CAUSES OF	S USED
	OR CONTRIBUTION	AS UNDERLYING CONTROL CONTROL CONTROL CALEXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCC		10 🗌	YES	NO 🗆
MEDICAL	AAMILE		218. PLACE OF INJURY (AT HOME, STREET, FACTORY, C		211 LOCATION STREET	(	ITY OR TOWN	COUNTY	STA
	sow the de	ceosed alive an	ottended the deceosed lew the bady after death.		d that in (my) (our) opini	. to ion deoth occurred o	on the date and l	. 19 the	
	22b. SIGNATUR	0. W	need	cul '	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	122c. DATE SIG	GNED S
	Dr.	Waheed	(Abdul)		1600 Oc	ak Hill	Ave		
1	g. BURIAL, CREMAT		236 DATE	23c NAME OF C	EMETERY OR CREMATOR	RY 23d. LOCATIO		COUNTY	STA
24	FUNERAL DIRECTO		lome, 305 N.	Hagersto	own, 21740 250.	PATE REC'D. BY REG	STRAR 256 EG	SISTR R'S SIGNAMO	W.L.

DHMH-16 30M 2/80 (VRA 15, 4)

BP\_

Eath C. Long District Figure Congress Transmission 88 1 188 1 1 POLICE AND A SECOND OF THE PARTY OF THE PART the second of th Complete the state of the second of the seco the second title of the figure of the second of the A STATE OF THE PARTY OF THE PAR diento salva en Santa Elek

X	1 - ST RE			M		MENT OF EXAMIN	HEALTH		ENTAL HY	4 9	2	REG.	1 9 NO.	3	3	3
188 F		ASED NAME	Clare	ence I	MIDDLE			MACE			OF	KNOWN ESTI- MATED	□ MONT		3 <sub>19</sub> 82	12:05
S NECESSARY, PASS E FUNERAL DIRECTOR: E 5 FOR YOUR-FILES. DO WITHIN 72 HOURS	3. SEX		I. RACE	5. DATE OF BIRT	H Y YEAR	LAST BIRTHD	ARS IF UN	DER 1 YR.	IF UNDER 24	4 HRS 2c.	DATE	ICED 1	MONTE	DAY		7:00
DELAY IS NECESSARY, 310 THE FUNERAL DIR IN PAGE 5 FOR YOUR DBE FILED, WITHIN 72 RES, 201 W PRESTON 3	7a. BIRT	HPLACE (STA	white	July 23,	1912 WHAT COUN		8. MARRI	ED 🔀 NEV	VER MARRIED	9.	BALTIM	ORE CITY	OR COU		19	A M
AND SO		yland		USA			WIDOW		DIVORCED				shing			MD.
IOEO / 7		ORTOWNO			FACILITY, GIVE S	TREET ADDRESS)				FOR MOS	ST OF WOR	KING LIFE)		0	IND OF BU OR INDUSTR	SINESS
RM PM 3, RETAIN PA 1 AND 2 SHOULD BE F 1 OF VITAL RECORDS, 2	USUAL 13e. STA	RESIDENCE (	FIN HURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE	County  BEFORE ADMISSI  OR TOWN	7 HOS	pital Isa inside ci		rane	-		r	Irai	ilroad	
	Mar	vland		nin gton		erstow	n	YES K	NO 🗆				n Ay	enue	e	
11		FIRST		MIDDLE		EAST			R'S MAIDEN	NAME	A	IDDLE			LAST	
11	Ióa. WA	ude E.	EVER IN U.S. AR	MED FORCES?	16b. SO	CIAL SECURIT	Y NO.	17 INFORM	NANT	ellie	Who	rton	SS			
1	No.	NO, OR UNKNOW	(IF YES, GIVE	E WAR OR DATES)		09-947			h C. M	Mace,	, Ha	gers	town	, Md	1	
Al.	1	8 CAUSE OF PARTIDEA	TH WAS CAUSE	nly one couse per li ED BY: TE CAUSE (o)		), ond (c).) C ARRE	ST #4	27						BET	APPROXIMATE I WEEN ONSET	AND DEATH
TENDING IN PARCIL IN ITEM 18. GIVE PARTE MEDICAL EXAMINER ALONG WITH FORED AS A BURIAL -TRANSIT PERMIT. PAGES HEALTH AND MENTAL HYGIENE, DIVISION IN, CREMATION, OR REMOVAL.		gove rise couse (o) s lying cous		(b) #	OR AS A COM	ARTER 10 VSEQUENCE	OF				CULA	R DIS	EASE	15	5 - 21	O YRS.
E DEPARTMENT OF HEAD IN PRIOR TO BURIAL, C	CERTIFICATION	9a. DATE OF C	OPERATION	196 CON	DITION FOR	WHICH OPER	ATION W	AS PERFOR/	MED?						AUTOPSY?	NO X
% TO BUT		NDERLYING	CAUSE WAS OR G CAUSE OF	HOUR A	OF INJURY M. MONTH M.	DAY YEAR		OW INJURY	OCCURRED	(ENTER NAT	URE OF INJ	URY IN ITEM	18 PART I OR		163	NO A
4	W V	Id INJURY OF WHILE IT WORK	NOT WHILE [		E OF INJURY actory, farm, e			TREET			CITY OR TO	WN	4	COUNTY		STATE
AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201	A	deoth resulted	lrom Notu	ge of the remains of professional courses (S), which will be seen to be seen	Accident		Autopi	, Homic		Undetern	Inquiry	onner	ond in my ], DAT SIG		ULY 2	3,1982
PO FUN		XAMINER'S N		W.DITT		NAME OF CE			7 W.WA			ST.	HAGER	STOW	MD.	21740
- W	bur	ial, CREMATI	ION, REMOVAL	July 26,					V	23d. LOCA		own		ounty	Marvl	and
	24 FUN	JERAL DIRECT	ORMINNI	CH FUNI	ERAL	HOME			75a. DATE REC	C'D. BY RE	GISTRA	R 25b RE	GISTRAR'S	SSIGNA	TURE	
))	4	15 E. I	Wilson P	Blvd., H	ngerst	own, N	/d. 2	1740	1111	2.71	982	17/10	ce.	6. 9	Charle	

See TORRIA DAT CAN THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY AND THE PROPERTY OF THE PROPERTY DOETTEL MINU UNITED THE THE ATT WITH I CALL IS TO THE TOTAL IN THE TOT

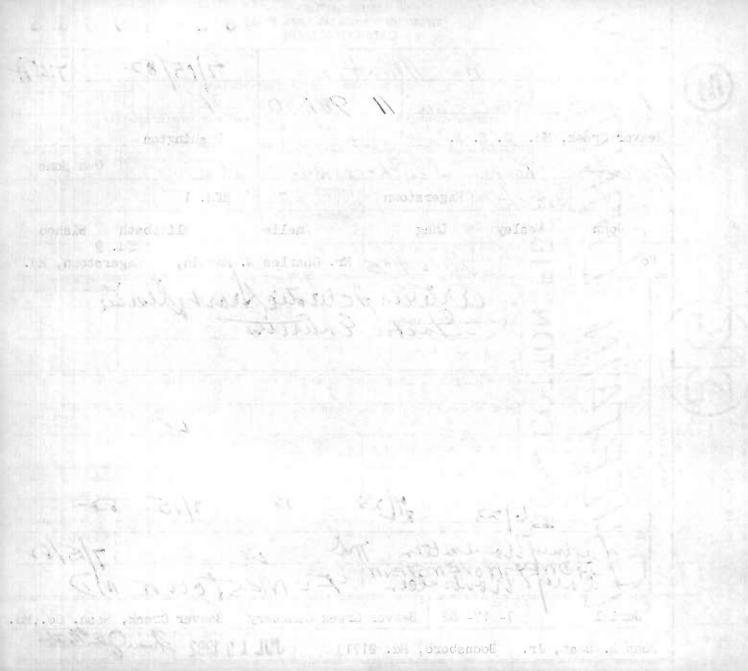
STATE OF MARYLAND

A CONTROL OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF Shared to the state of the stat Mary Company of the C e leger CHANGE L Marketh Material

Boonsboro, Md. 21713

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🤱



FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2

8 2 1 9

- STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE OF DEATH TYPE OR PRINT **GEORGE NMN** MCELWAIN July 29. 1982 SEX 4 RACE 5 DATE OF BIRTH A AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR Feb. 3, 1899 male white 83 a BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania USA Washington WIDOWED DIVORCED Q CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Hagerstown Washington County Hospital Agent Insurance Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 1316 COUNTY 1317. CITY OR TOWN 13e STREET ADDRESS Washington Maryland Hagerstown 204 E. Irvin Ave. YES TX NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE James McElwain Magee Jane Conner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 176-09-4095 no Mrs. Mary M. Black 1146 Woodland Way APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY 2 MONTHS ADENOCARCINOMA COLON DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIO CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (18.43.5.8.1) oftended the deceosed from sow, the deceosed glive on JULY 20 19 grove, (1) 28.68.61 (did not) view the body after death. FEB. 82 and that in (my) (XX opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL JULY 30. 1982 PHYSICIAN X DIRECTOR PHYSICIAN ! 22d. PHYSICIAN'S NAME (TYPE OR PRINT ADDRESS Dr. Edward Ditto III 217 W. Washington St. 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE July 31, 1982 Rest Haven Cemetery Hagerstown Washing Burial

DHMH - 16 50M 1/81 (VRA 15, 4) 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME

415 E. Wilson Blvd. Hagerstown, Md. 21740

2 4 4 5 5 60					
12:41	P. Hickory				
			din.		
				de y runs	
	telisio		a. worker]		
name street of the			all and I		đ
		201750			
THE STATE OF STATE	d was over 1				
xx	*		S VJULKXX	\$38.X	
		LIPALENT RES		Drawin	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 3 7

1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.		
I	DECEASED NAME FIRST	rence Or	ville	McGill	July 18, 19	DAY YEAR	26 HOUR 2:00A
ŀ	1 SEX	14 RACE	5. DATE (		6. AGE LIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	,
I	Male	White		gust°^29,1'910	71	MONTHS DATS	HOURS MIN.
1	BIRTHPLACE (STATE OF FOREIGN Hagerstown, Md.	76. CITIZEN OF WHAT CO	UNTRY? 8  MARRIE  WIDOWE	D NEVER MARRIED DIVORCED TO	BALTIMORE CITY OR COUNTY Washington		M
	Hagerstown  Hagerstown	Avalon Man	NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 12b. KIND (	of BUSINESS OR
			OR TOWN  C'STOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Washir	ngton St	
	Robert Vi	ncent Mc	Gill	15 MOTHER'S MAIDEN NA		Midd	lecamp
1	60 WAS DECEASED EVER IN U.S. AR NO OR UNKNOWN] (18 YES, GY		10-2563	Mr. Glendon	ADDRESS 111 W. McGill, Hag		
	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING [190 DATE OPERATION 210, AC	DUE TO, OR AS A CO  (b)  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR	INSEQUENCE OF	Dum a	AIN AND ISEASE OR CONDITION OF	GIVET IN PART IN YES, WERE FINDI	INGS USED
	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING ALIES OF DE.  LIE EITHER NOTIFY MEDICAL EXAMINE  21d INJURY OCCURRED	ATH HOUR A.M. MON	19	21c. HOW INJURY OCCURI	YES NO	YES	NO []
	while NOT WHILE AT WORK  27a 1 certify that (I) (this hasp sow the deceased alive or	(AT HOME, STREET FACTORY	d from	19 81	to 10 Suray		, that (I) (we) los
	sow the deceased alive or above. (I) (we) (did) (did no 22b. SIGNATURE	at) view the bady alter deat		DEGREE	deoth occurred on the dote and h		ESIGNED
2	230. BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	123d. LOCATION CITY OR TOWN		, wd 217
L	DULTST	1-21-02	rest H	aven Cemetery	Hagerstown,	Wash. Co	)., Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

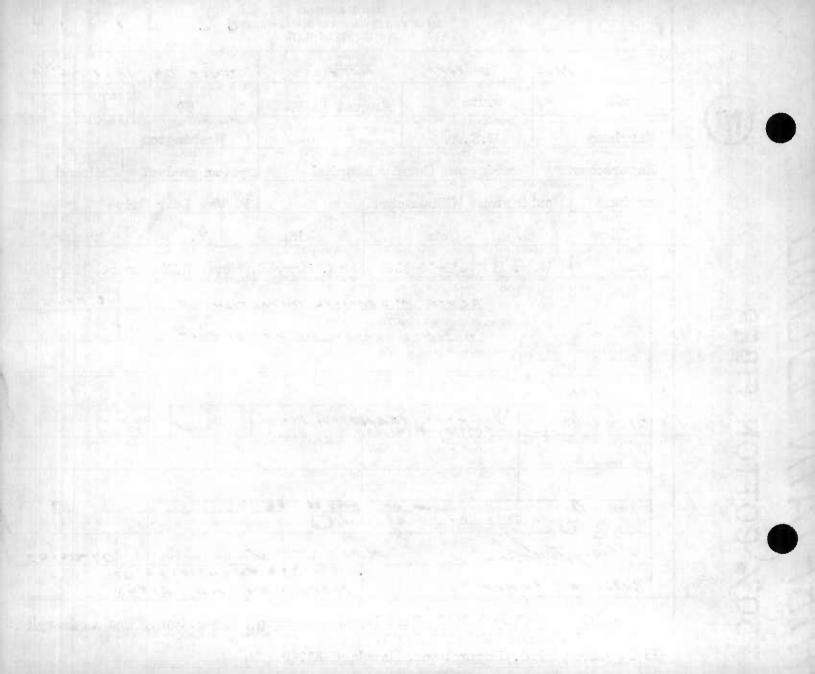
24 FUNERAL DIRECTOR John H. Bast, Jr.

Boonsboro, Md. 21713

14081 -1				
100:s 50: 1962	11. 0	210	2000	
	gas 25,1910 - 7	in ha		ikle
noJun'isa			а.П.,.М	,moontaged
. 2000 1000 10000	in Time	n Marky Bureling	Avalo	1 0 3'1-1
. Salvingree 38.		n ofsteam	rod lui s	Magame
0.000 1.780.11	aille	crill	11. De 1	andós.
olill, Pagerston, M.				
		7.4		
	E 2 - F	N.		
ser or ter	X			
west had a modern policy of a	about A 2 98%	0.14	July 17 /	
Edeson, Est. 16., 25.	vin Caratety III	ali casa Isa-	7-21	Inhent.
	113 - 18L S	rs . M . oracano	ot 30	اد ۱۰۰۰ ت

THE RESERVE TO SERVE THE PROPERTY OF THE PROPE The second state of the second second second The state of the s The rest of the sale and the sale and the A TOTAL TOTAL TOTAL TOTAL Burial 7-17-82 Rest Haven Congressy Hag. : Mash. . Ma hear layer luneral Chapel Hag., Man Line Line February

The second secon		
A COLUMN		
是是一种,这种是一种,但是一种,但是一种,是一种,是一种,是一种,是一种,是一种,是一种,是一种,是一种,是一种,	63.1dV	almont b
of establish 125	AGD	· Anne-
County Hotel Leading of the Santa Maria		Harrist a rotal
Later April 1 and	modific	. Introd
garded sign electron		
a place that we will extend the comment of the control of the cont		
A CONTRACTOR OF THE PARTY OF TH		
Cartinal Colored Color		
el a moules estrest deliga lite attests		Se Freeze
emville, re. 17228 The rest of the little	T 1-2 5	

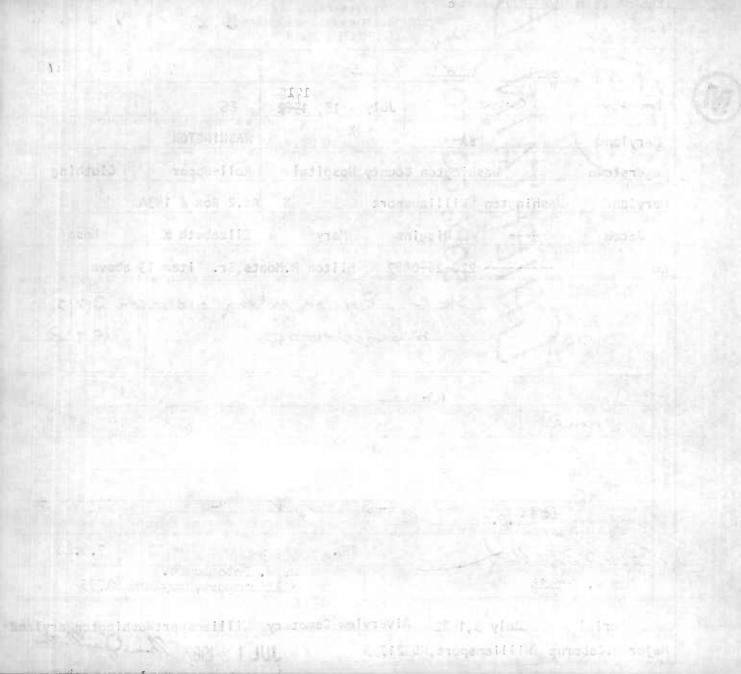


DHMH - 16 50M 1/81 (VRA 15, 4)

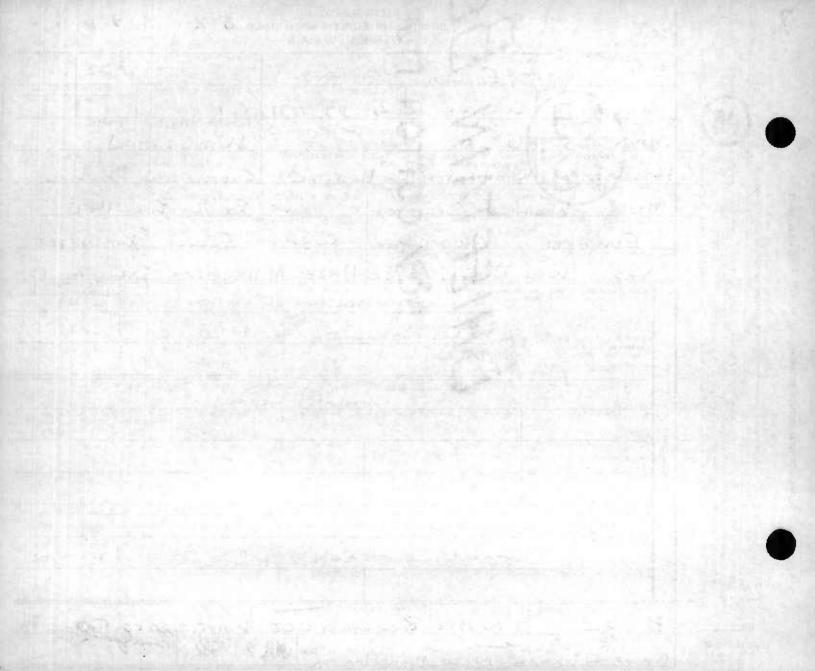
						E OF MARYLAND	13	* >	1 1	0 7	4 1	
	1.	FOR STATE				EALTH AND MENTAL HY	GIENE &	4	1	7 0	71 1	
2		REGISTRAR Marie	Irene M	iley		ICATE OF DEATH		REG. NO			Les La	
	I. DE	CEASED NAME FIRST		WIDDLE	1	AST	20 DATE C	OF DEATH	MONTH D	DAY YEAR	2b HOUR	
		Mar		ene		iley			7/1:	2/82	13.5P M	
	1 SE		4 RACE		5. DATE (		6. AGE (IN	YEARS LAST BIR	THDAY)	IF UNDER I YEAR	HOURS MIN.	
		Female	White		Oct	ober 9, 1924	57		YRS.			
L		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIM	ORE CITY O	RCOUNTY	OF DEATH		
2		Maryland	U.S.		WIDOW				n Cour	nty	MD.	
9		Hagerstown	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET INGTON COU	ADDRESS)	ospital	LTYPE OF WO	OCCUPATION FOR MOST OF	F WORKING LIFE	12b. KIND C INDUSTRY	OF BUSINESS OR	
ろ	13a S	AL RESIDENCE (IF NURSING HOM STATE 136 CC	YTMUC	1136 CITY OR TOW	N	138 INSIDE CITY LIMITS?	13e. STREET	ADDRESS e # 2	Por	Ø.E		
-		ATHER'S NAME	PHITH CON	" TITE	Spor o	15. MOTHER'S MAIDEN NA	1	H Z	Box	0)		
0		Frank	WIDDLE	Strausbar	0	Anna		WIDDLE	72	Groft	1	
		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES	ARMED FORCES?	166 SOCIAL SECU		17. INFORMANT		241 B	ower A	venue		
		No -		217-12-2	571	Raymond I. Miley Hagerstown, Md.						
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	r only one couse per	line for (a), (b), and	ich)					BETWEEN	MATE INTERVAL ONSET AND DEATH	
		IMMEDIATE CAUSE (0) Respiratory arrest - cause unknown								Imm	educte	
		1830 DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which gave rise to immediate (b) Carcinoma of ovary with wide spread										
		cause (a), stating the underlying cause last:    DUE TO, OR AS A CONSEQUENCE OF abdommal metastases				Imo	nth					
	~	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	CERTIFICATION	Hyper Kalemia										
9	ICA	194 DATE OF OPERATION 196 CONDITION FOR WHICH OPERA							206. IF YES, IN CERTIFY	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
1	RTIE	112/82		octomina	1 m		YES 🗌	NO			NO 🗆	
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO CAUSE OF		M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RRED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PA	RT ( OR PART 2)		
1	ICA	(IF EITHER NOTIFY MEDICAL EXAM		M.	19							
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC )	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE	
		270.1 certify that (1) (this haspital) attended the deceased from the first of the last to find 19 82 that (1) the last										
		sow the deceased glive an July 8 19 82, and that in my (even opinion death accurred on the date and hour and from the causes stated above. (1) (did) (did) and view the body after death.										
		226 SIGNATURE				DEGREE		-17-53		22c. DATE	SIGNED	
		Rechar	LE: St	ath , 1	5,0	ATTENDING PHYSICIAN	DIRECTOR	ST AF		7/1	2/82	
	9	22d PHYSICIAN'S NAME (14				22e ADDRESS						
		Richard	E. Sm	ith		1708 Oak	H.11	Ave	Hag.	erstow	n, Md.	
	23a. B	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d. LOC			11.14	,	
	(	Burial	7-14-8	32 Ro	se Hi	11 Cemetery		YORTOWN erstor	wn. Wa	shingt	on. Md.	
		JNERAL DIRECTOR					TE RECID. BY	REGISTRAR 1982		RAPS IGNA		
	A	.K. Coffman F	Tuneral Ho	ome The	Hager	storm Md	OF T ?	1387	Misse	- James		

P P P P P P P P P P P P P P P P P P P		Trene Miley	
		Sent on	
77	Matches 4, 1924	e3.httl	
gample adjustance	X.	.4.8.0	
elivacoli	Latinati gine	Vegillieren Be	metatosali
House of a stock of	Jed 6	atility moderations	builtytell
dion)	anna digha	faunt to	alas d
emora resol Lis	Type I a		0
A CONTRACTOR OF THE CONTRACTOR	ation proper to the		
	61007	विश्व कर्ण होता	
			5/27
July 18 182 10	- 65 x 23	9 (14)	2
	0.00	125-44 - 35	
HILL HOR, Note, Strong			
12 - C - 7   780   1   1		T-1/-EX	

d	It	em #5 Film	G570	8/13/8			OF MARYL		A 6'3		0 7	1 2
8	1.	FOR STATE REGISTRAR			DEPAR	CERTIF	ICATE OF	MENTAL HYO DEATH		G. NO.	7 3	· 6-4
e e t		CEASED NAME E OR PRINT)	Pear.	1 .	Aunalia		ats		20 DATE OF DEA	TH MONTH	6 82	25 HOUR 2:30A
4 day	). SE	× eurle		4 RACE	Ø.	5. DATE C	DAY	1915	6 AGE (IN YEARS LA	AST BIRTHDAY)	MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
Poorth. Po		IRTHPLACE (STATE OR E COUNTRY)	OREIGN		WHAT COUNTRY	? 8 MARRIEI WIDOWE	X NEVER		9 BALTIMORE CI	TY OR COUN		MI
is ofter of the full of the fu	10 C	ITY OR TOWN OF DEA I <b>gers town</b>		(IF NOT IN SUE Was	HOSPITAL, NURS CHEACILITY, GIVE STRE Chington	County			120 USUAL OCCL	OST OF WORKING		of BUSINESS OR
filled in hould be	130. Ma	ryland	136 COUN	OTHER INSTITUTION ITY I <b>i ngton</b>	136 CITY OR TO	WN	13d. INSIDE C	NO X	13e STREET ADDR	ESS 143A		
ompletely ond 2 s		Jacob	-	MIDDLE	Higgi		Mary		Elizabe		Hos	se
be execu		WAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	220-26-0		Milto			item 13	3 above	
ses that the death certificate be executed within 24 hours lead by the attending physician and completely filled in by please remove corbanoppers. Pages 1 and 2 should be fill unal, cremation, or removal.		18 CAUSE OF DEATH WART I DEATH	which mediate g the	DUE TO, O	R AS A CONSEO	UENCE OF	Seetle		tery o	eclusi	30	
	NO	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEASE OR	CONDITION G	IVEN IN PART 10	5
NG PHYSICIAN: The low requir rattending physicion.  Wher this certificate has been signs of the buriol-transit permit. Then the and Mental Hygiene prior to backed or them 18 shows any injury orked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERAT		196 COND	ITION FOR WHIC	H OPERATION	WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING CAUSES	NGS USED OF DEATH?
PHYSICIAN: T ending physici this certificate te burial-transi and Mental Hygi d or them 18 sh		210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEAT			DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM I	ART 1 OR PART 2)	
NG PHY other this os the but th and M	MEDICAL	21d INJURY OCCURR	TE		REET, FACTORY, OFFICE		216 LOCATION STREET	(0	CITY	OR TOWN	COUNTY	STATE
ATTENDI Spital or STOR: A for use of Heal	1	220-1 certify that (1) sow the decease above, (1) (5xe) (5	(Mrs Hospil d alive an (d) (did not	7.5.8	e deceased from	32 on	d that in (my)	) (o <del>oi)</del> opinion	death occurred on t	he date and h	, 19 82 our and from the	that (1) (We) lost couses stated
	1	WW.	Sou	lux		(		ATTENDING PHYSICIAN [	MEDICAL DIRECTOR   PH	STAFF YSICIAN [	7.6	.82
TO HOSPITAL retained by the TO FUNERAL should be detined impropriet impropriet.		Max E. I	Byrkit		Maria		22e ADDRES	Will	<ul><li>Potomac iamsport,</li></ul>		nd 21795	
BP		BURIAL, CREMATION,	REMOVAL	23b. DATE	All Sans		METERY OR	CREMATORY	23d LOCATION CITY OR TOV	VN	county	STATE nMary lan
DHMH - 16 50M 1/81 (VRA 15, 4)		JNERAL DIRECTOR JOT M. Osbo	rne		, , , , , ,			250 DAT	E REC'D. BY REGIST	2 h	STRAP IGNA	Mandy-



MAIN



injury, ar other troumotic

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9344

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME E OR PRINT)	Ethel		ola		MULL		7, 19		OAY YEAR	76 HOUR
	3. SE fe	x emale		white		July		6 AGE (IN Y	EARS LAST BIRTHI		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	N	IRTHPLACE (STATE OR COUNTRY) Maryland	150	USA		MARRIE		Was	recity or hingto	county n	OF DEATH	MD.
9	Н	agerstown		Washir	gton Co	unty	Hospital	LTYPE OF WOR	Ctricia	WORKING LIFE	INDUSTRY	n Co.
6	13a. S	al residence (IF NUR STATE aryland	Wash	other institution ity nington	13c CITY OR TOW Hagers	town	134 INSIDE CITY LIMITS? YES X NO		57 S.	Mulb	erry S	t.
1	14 FA	Clintor	n Henî	ry Barn	hart		Gertrude		ns MIDDLE		LAS	ı
	16a V	VAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	214-09-4		Ethel L. Kil	lingswo	orth, l	0	erick,	Md.
		18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSED	y ane couse per D BY: E CAUSE (a)	line for (a), (b), ar		rosin				APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
		Conditions, if any gave rise to im couse (a), state	mediate	(b)_	AS A CONSEQUE AS A CONSEQUE	wet	for some	Endo	metra	um		
	NO	PART 2 OTHER SIG		(c)			NOT RELATED TO THE TERA	MINAL DISEAS	E OR CONDI	TION GIVE	EN IN PART 110	,,
1	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	DPSY?	IN CERTIFY	, WERE FINDIN YING CAUSES	OF DEATH?
1		71a ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	21b. TIME OF HOUR A./	M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY	IN ITEM TO PA	ART I OR PART 2)	
	MEDICAL	216 INJURY OCCUR WHILE NOT W AT WORK AT WO	MILE	218 PLACE C	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	4	COUNTY	STATE
		22a.1 certify that (1) saw the deceas obove, (1) (we) {	ed alive	al) attended the	19_	, ar	nd that in (my) (our) opinion	death occurre	d an the dat		and from the	
		276. SIONATURE	AME	)	_	w	ATTENDING PHYSICIAN [	MEDICAL	STAFF PHYSICIA	N 🗆	B Su	ey 1982
		W.7	7. La	hunder			138E. 44	Hetom	54. 1	tage	reform	, med,
		BURIAL CREMATION	, REMOVAL	July 1			EMETERY OF CREMATORY SValley Ch.of	God CITY		Sprin	www.wa	h.Md.

BP\_\_\_\_\_ DHMH - 16 50M 1/81 (VRA 1S, 4)

FUNERAL DIRECTOR MINNICH FUNERAL HOME
415 E. Wilson Blvd., Hagerstown, Md. 21740

Comotory 2001 ENCRYBURGISTRA

	Any see	THE PERSON NAMED IN	
	lizzanii w		nwho was salf
AM Same or a . Dunt . 150			
	Looke	(stated	
- Link Locked			
Hill water apport it protects	4.380	- Army Pa	Law.
	Fig. 10 The Control of the Control o	a property and	1 2 2 2 2

	-		
n.	7		
-	W.		
	1		
	- 27	-	

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

2	1	9	3	4	5
		-400			

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
		CEASED NAME E OR PRINT)	Arnol		ee	MU	LLENDORE	July	11, 1 <sup>4</sup>	982	7b HOUR
	3. SE	male		4 RACE whit	e	Sept		6 AGE (IN YEARS LAST BE	O YRS.	IF UNDER LYEAR	IF UNDER 24 HRS
5	N	IRTHPLACE (STATE OR F COUNTRY) Maryland		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOW!	D X NEVER MARRIED DIVORCED	BALTIMORE CITY			MD.
9	I	Hagerstown	1	Wash:	ington Co	ounty	Hospital	120 USUAL OCCUPAT JIYPE OF WORK FOR MOST Head Cust	ION OF WORKING LI	12h KIND C	of Business or
2	M:	AL RESIDENCE (IF NURS STATE aryland	13b COUN Was	other institution.	13 CITY OR TOW Hagerst	ADMISSION) N OWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	ak Ri	idge Dr	ive
)	0	George		B.	Mullend		Jenny	WIDDIE		Arno	old
		MAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	220-16-		Mrs. Thelma	M. Mullen		Hagers	town, Md
	CERTIFICATION	gove rise to instruction to the course to station underlying cause PART 2 OTHER SIGN	g the last.	CONDITIONS CO	27/11/2022-00-11/1	EATH BUT	NOT RELATED TO THE TERM IN WAS PERFORMED	M QCAD	EDITION GR		NG5 USED
)		THE ACCIDENT WAS UND ON CONTRIBUTING [ ] C	AUSE OF DEA	0111	M. MONTH DA	Y YEAR	71. HOW INJURY OCCURR	YES NO NO	Y	E5 🗍	NO 🗆
	MEDICAL	THE INJURY OCCURR	17.	ZIE, PLACE (	OF INJURY MET PACTORS OFFICE SA	LAMIL ETC. (	TH LOCATION	CH QK II	(Martin	COUNTY	state
		276 I certify should for the december of the december of the state of	The state of the s	s Tu	the state of the s		nd that in (my) (our) opinion of DEGREE  ATTENDING PHYSICIAN 1224 ADDRESS	to	(FF	or and from the	
	- (	BURIAL, CREMATION, SPECIFY burial		July 1	3.1982 Ro	hrer	EMETERY OR CREMATORY Sville Cemeter	y Rohrers	ville,	Wash.	Maryland
	41	UNERAL DIRECTOR N 15 E. Wilso	n Bl	CH FUN d., Hag	VERAL HO erstown,	OME Maryl	and 21740 <b>JU</b>	T 9 1982	PEGIS	Bed don't	OR

DHMH - 16 50M 1/81 (VRA 15, 4)

S P S Y L	The second second		
PERSONAL PROPERTY.	C 708F 1 10L	CT LX	

(VRA 15, 4)

11-12 - 20 - 0			Terri	misch	Lifexal	
		162/		=0.2d		a Pome?
	overties a					ing Dipart-Tiel
oralf ma	522 Joseph		da kioniki	reclassi		STO CERTAGE
1000	motion tent many		- officery	norgai		Taryland
unseit!		- almus	L pluis	18,08	aret .	ties (II

The state of the s . White the first of the state and the control of th . Later Carrier and Carrier an TOTAL TERMEN CALIFORNIA (CARE DE LA CARE DE

ö

MPORT

DHMH - 16 50M 1/81 {VRA 15, 4}

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH TYPE OR PRINTS Reba Evelvn NAVE July 12, 1982 1 SEX 4 RACE DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR Female White 25,1912 July 69 BIRTHPLACE ISTATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED W NEVER MARRIED Maryland USA WIDOWED WASHINGTON 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Tilghman ton (Boonsboro) Housewife Home USUAL RESIDENCE LIE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13g STATE 13c CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Washington Maryland Boonsboro Rt. 1 Box 354 NO X 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Howard Edward Moats Martha Rae Whitlock ARMED FORCES 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT no James E. Nave item 13 above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY CARDIAC ARREST I MMED. IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROTIC HEART DISEASE 20 YEARS Conditions, if ony, which gove rise to immediate couse tot, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION DIABETES MELLITUS - INSULIN DEPENDENT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX NO F 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) COUNTY CITY OF TOWN NOT WHILE 220 I certify that (I) (XXXXXXX attended the deceased from NI) MARCH 5 DEC. ठा . and that in (my) 🔭 apinion death accurred on the date and hour and from the causes stated ove, (I XX) (did not) view the body ofter death. 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN JULY 13. 1982 27d. PHYSICIAN'S NAME ITYPE OF PRINT 22e ADDRESS WEST WASHINGTON STREET EDWARD W. DITTO, III, M.D. HAGERSTOWN, MARYLAND 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION Burial July 15,1982 Manor Cemetery TilghmantonWashingtonWaryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 256 PEGISTRARS Major M. Osborne Williamsport, MD

100	MELLER VIEW			(vely	
	7	AIRL		esimi j	
	ant added			A64	L. Market
	Tiwacoort		(prodeno	68) A.a.	normounted 17
	the male and		crudendu	A Treatment Law	S bigal years
100131		9/12/15/		a bridge	
	Sypris ET most e-	elt. I gout			
. name F		Т	natzh water		
		TVSCAT	Sao Ni Julini	- JUTI JUM I	HAGETE
wx III	\$ .00	i.i.	ologie	A A E B	24 X
EL , EL VEIL	TO POST OF TOUR				
	ANALY A PETER			ודדם, וווים	A G-AWUS
	ikogowineg († 1 1 mars – Stell C. I. Jl.	maresell Lau			

FOR STATE REGISTRAR	
I. DECEASED NAME	FIRST
(TYPE OR PRINT)	John

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256. RECORRAR'S 1

		REGISTRAR				CEKITE	ICATE OF DEATH	REG. N	10	4		
		CEASED NAME	FIRST		MIDDLE	L	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOU	JR_
	(1TPE		ohn	Na	ve	Ne	weomer Jr.		7/18	182	10%	SA M
	3. SE	male		4. RACE W	nite	5. DATE C		6. AGE (IN YEARS LAST 811		UNDER TYEAR	IF UNDER HOURS	24 HRS. MIN.
5	7a. Bl	RTHPLACE ISTATE OR COUNTRY ATYLAND	FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O Washir	OR COUNTY O	FDEATH		MD.
9		TY OR TOWN OF DE		I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET INGTON COU	ADDRESS)	ospital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Farmer	OF WORKING LIFE)	126 KIND O INDUSTRY		
5	13a. S	AL RESIDENCE HE NUR STATE Md.	136 COUN Was	ITY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Hagerst	N	13d. INSIDE CITY LIMITS?	130. SIREET ADDRESS BOX	203		11-30	
0	14. FA	John		MIDDLE N.	Newcomer	Sr.	15. MOTHER'S MAIDEN NAM	WE		Le LAS	iter	
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	217-28-6		Mrs. Charlo	tte M. Newc		gerst	own,	Md.
	NOI	Conditions, if ony gove rise to im cause (o), static underlying coust	which mediate and the lost.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM			0	ar.	
2	CERTIFICATION	190. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES	VERE FINDING CAUSES	OF DEAT	TH?
1	MEDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR WHILE AT WORK AT WORK	CAUSE OF DEA	HOUR A./	m, month da m.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU		( OR PART 2)	5	STATE
		220 I certify that (I) saw the deceas above (I)	(this hospi ed olive on did) dd no		ofter death.	2, or	nd that in (m) (aux) opinion of DEGREE  ATTENDING PHYSICIAN (C)	deoth occurred on the d	FF	DZ, and from the control of the cont	couses sto	lost oted
		Ri char		Smith	M.D		1708 Oak H	till Ave. H	agerstu	wn, M	ds	1740
		SURIAL, CREMATION,	REMOVAL	23b. DATE	1		EMETERY OR CREMATORY	23d. LOCATION		OUNTY		TATE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

Davis

Funeral Home P.A.

Smithsburg, Md.

Zih		23, 1,22	S-1	A Prince	
	opinalise			· James - transfer	~
			a check not all the	manana	
	202 wh 1 4 K		unon street.	, 102	
edial .			.S. Indoore		
ame on the	i tempokel "A id	colius, and	S259-85-935		

1				STATE OF MARYLAND	0.0	O =9 Pm 1
9	1.	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	9 3 3 1
M.Green		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
101		GROVE		NUTTER	1	18 821 8MM
	3. SE	m	CAU	5 DATE OF BIRTH MONTH DAY YEAR 13	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
15		RTHPLACE (STATE OR FOREIGN COUNTRY)  W. Castle, PA	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	
notifie	10.C	A G ELSTOWN	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALL (1) ESTERN	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
nus be	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN	TY 13t, CITY OR TOWN	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS 417 INDIAN	IA AVE
AE 1	14. FA	THER'S NAME FIRST	AIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LACT
Ш		Joseph	Nutter	Orpha	"Knodle "	Nutter
dica		AS DECEASED EVER IN U.S. ARA ES NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIAL SECUR	ITY NO. 17 INFORMANT	ADDRESS	
the me		No	218-10-9	782 Madeline	V. Nutter 13	APPROXIMATE INTERVAL BETWEEN ONSET AND WATH
ioi, cremotion, or rema or ather traumatic even		Conditions, if ony, which gove rise to immediate couse tot, stating the underlying couse lost	DUE TO, OR AS A CONSEQUEN	Lecondary	to la or	E Months anoma 1974
injury. o	NOI	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO BE	ATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	NE tastosis
Sows ony	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH C	PERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? //ES
Item 18 s		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M. MONTH DAY	YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
	MEDICAL	21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
s mork		22a I certify that (I) (this hospit	al) attended the deceased from	5 - 3 - 7919_		, 19 27 2 that (1) (we) lost
21 :		saw the deceased alive on obove, (1) (we) (did) (did not	view the body after death	ond that in (my) (our) opinion	n death occurred on the date and ha	our and from the couses stated
If Hem		226. SIGNATURE	The wife sooy one: deam.	DEGREE	MEDICAL STAFF	22c. DATE SIGNED
Ž-		22d PHYSICIAN'S NAME (TYPE OR	more of	PHYSICIAN	DIRECTOR PHYSICIAN	1/18/82
ORT	4	H'I	* * * * * * * * * * * * * * * * * * *	22e ADDRESS		
IMPORTANT	73n P	URIAL, CREMATION, REMOVAL	14 HD	ME OF CEMETERY OR CREMATORY	23d LOCATION	
	(	SPECIFY)			CITY OR TOWN	COUNTY
44.1/01	24 FL	Burial NERAL DIRECTOR 460		se Hill Cemete	ry Hagerstown	Wasky 7MD
OM 1/81 5, 4)	D	NAME 100	1 Pennsylvania		UL Z 1 1982	SIGINATURE

a. Paris relativistic relations of Mark that the first section is the section of the s The state of the s The second secon ers westurn . We at tabel 1979-00-002 The Dear man I to It were were the The same of the Enviol 7-22\_2 Rose Hill Demodery Hayerstown Homes. 42 Ol . ach laced to many they was 100

DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DAY 2b. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED O' Connell Evelvn Louise Tu 5 198 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2c. DATE 2d HOUR LAST BIRTHDAY) 540 BM PRONOUNCED 9 1914 DEAD ) u/y 19 82 Female White 68 Mar. 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED [ DIVORCED Marvland Washington County ID CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Hagerstown Washington Housewife County Hospital Home 13a. STATE 13b COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Washington Mealev Parkway Hagerstown YES TY NO [ 2 S 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE OFFIT William Cannon Elizabeth Meisling Genevieve FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS BURIAL-TRANSIT PERMIT, PAGES 1 AND MENTAL HYGIENE, DIVISION (YES NO OR UNKNOWN) 220-76-5895 Willson O'Connell Same CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which 7-240 gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. 000 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF PRIOR TO BURIAL, YES NO X 3 SHOULD BE I 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR OR UNDERLYING can of MEDICAL RM July 5 1982 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEI TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PRI STREET, EACJORY, FARM, ETC.) WHILE AT WORK WHILE to me 226. I certify that I taak charge of the remains described above, held an Inspection and in my apinian Suicide X death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGN ATURE. MEDICAL EXAMINER EXAMINER'S NAME EDWARD W.DITTO111MD ADDRESS 217W. WASHINGTON ST. HAGERSTOWN MD. (TYPE OR PRINT) 230, BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Mt. Olivet Cemetery Frederick Frederick Brederick Breder Buria BP. 24. FUNERAL DIRECTOR 305 preN. Potomac St. DHMH - 17 (VR A15 ME (5)) Minnich Hagerstown, Maryland 15M 7/77

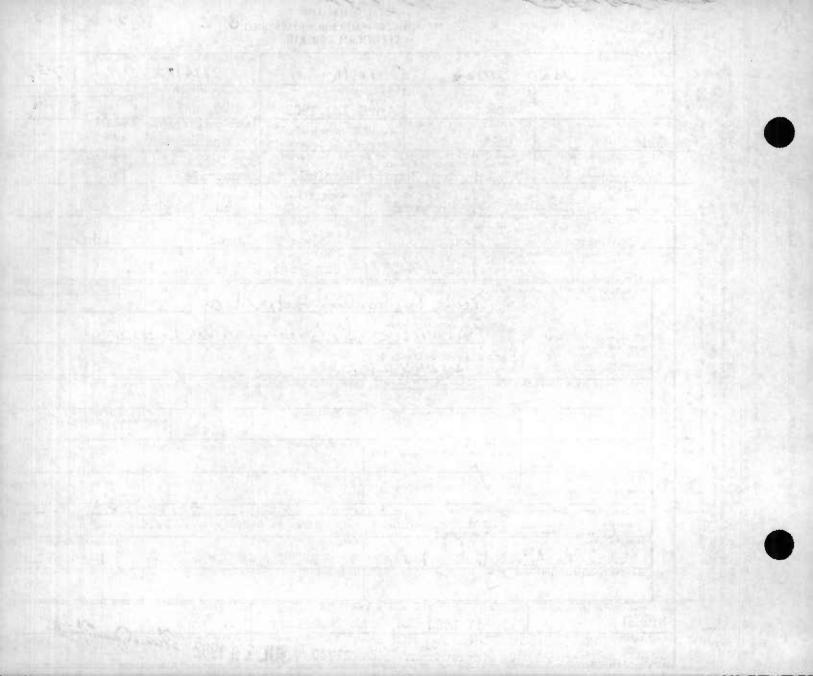
the mine (premise to were out) . M. BORRELLEGER CONTRACTO .. OF MAGE . A. MOTO TEAM .T. PATE THE ALL TO ME.

415 E. Wilson Blvd., Hagerstown, Md. 21740

FOR - STATE

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

FOR

(VRA 15, 4)

The second secon Little in the Cartes ago the Wir H. The second Side Services of The Second

: 61	1				OF MARYLAND			Mary Marie as
· V		FOR STATE		DEPARTMENT OF HE	ALTH AND MENTAL	HYGIENE 2		9 3 5 5
		REGISTRAR	ME	DICAL EXAMINER	'S CERTIFICATE	OF DEATH	REG. NO.	
(IAI)		CEASED NAME FIRST		MIDDLE	LAST	2a. DA1	E KNOWN N	MONTH DAY YEAR 26 HOUR
100	(TYP	E OR PRINT)		10 -0601	ALIGHE	OF DEA	TH MATED	X.1. W. 05 115
SAS TOR VUR	3. SE>	751	LE DATE OF BIRTH	MARSIA	IF UNDER 1 YR. TIF UND			JULY 1972 10 1
ST S	3. SE/	A. I.RACE	5. DATE OF BIRTH	6. AGE (IN YEARS YEAR LAST BIRTHDAY)	MONTHS DAYS HOURS	ER 24 HRS. 2c. DA	ATE DUNCED	1 4 2 × 0
N22008.		M Black	MAN 15	59 23 YRS.		DE	AD (	JULY 18 1982 19N
SSS SAL	7a B1	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY? 8.	MARRIED   NEVER MA	RRIED W. 9. BALT	IMORE CITY OR	COUNTY OF DEATH
SAC SAC		MARYLAND	US		DOWED DIVO	2000	WA	SHINGTON MO
ISN EFF EFF WIW	10. CI	TY OR TOWN OF DEATH	II NAME OF HOS	PITAL, NURSING HOME, O	OTHER INSTITUTION	12a USUAL OC		DE WORK 126 KIND OF BUSINESS
\$ E & E & T 9	TI	CERCACIA	1	CILITY, GIVE STREET ADDRESS)	m			OR INDUSTRY
T /SS BE	LISUA	AGERS TOWN ALL RESIDENCE (IF IN NURSING FOM		COUNTY VE RESIDENCE BEFORE ADMISSION)	MEM. HOSPITA	L BODY &	FENDER	AUTO SHOP
SCITAL 3	13a. S		INTY	13c. CITY OR TOWN	134 INSIDE CITY LIMITS	13e STREET ADI	DRESS	
Z A S S S S S S S S S S S S S S S S S S	N	IARYLAND BAI	TIMORE	OWINGS MILL	YES NO	X	106 EN	CHANTED HILLS RD
MD. 4. III.	14. FA	THER'S NAME	MIDDLE	LAST	IS. MOTHER'S MA	IDEN NAME	MIDDLE	LAST
ESS SS 3	P	JAMES	MIDDLE	OWENS	MARIE		MIDDLE	SQUIRRELL
AORE, MD. 2 S DEATH. IF RM PM 3. F I AND 2 SH I OF WIALR	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY N			ADDRESS	SQUIRIGIES
BALTIMORE, MD. 21201  URS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEAS B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGE 5 FOR YOUR FILES. T. PAGES I AND 2 SHOULD BE FILED, WITHIN 72 HOURS DIVISION OF WITH RECORDS, 201 W, PRESTON STREET,	[Y	ES, NO, OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	?		ES OWENS	2500 64	LEM STREET
S A SIN				.1	MR. UAR	CONTINO CET	2700 SA	
T., DUR		18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	anly one cause per line	far (a), (b), and (c).)	1. 1	[ ]		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON SI V 24 HO V ITEM I ALONG II PERM YGIENE		0.100	ATE CAUSE (a)	MULTIPLE	1AUHa	N8691		HVS
STO N 2 N 11 A A CO A A CO	7	0.2	DUE TO, OR	AS A CONSEQUENCE OF	/			
THE ER IN SEA	1	Canditians, if any, which		812 nu	Tou Velich	enlle.	~	
MIN TRA		cause (a) stating the unde		AS A CONSEQUENCE OF		00///5/	0.47	
201 W. PRE UTED WITH! IN PENCIL I EXAMINER AIAL - TRAITAL I ON, OR REA		lying cause last.						EN RELIGIONS
,		BARY & DAMER CICALICANA COMPLYIO	(c)	BUILDINGS BOLLETO TO THE TOTAL				
RECORDS D BE EXEC PENDING" MEDICAL AS A BU CREMATI	7	PART 2 DTHER SIGNIFICANT CONDITION	NO COMPRIBUTING TO DEATH	BUT NOT KELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN	PART 1 (g)		
L RECORD ULD BE EX "PENDIN FF MEDIC ED AS A E HEALTH /	CERTIFICATION							
SHOULD SROULD SROULD SRD "PE CHIEF A E USED / T OF HEL	3	190 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATI	ON WAS PERFORMED?			20 AUTOPSY?
F VITAL TE SHOU! WORD "! TE CHIEF TE CHIEF TO BE USEC	3 1							YES NO
OF V THE THE NO BY TO BY	7 8	210. EXTERNAL CAUSE WAS	216. TIME OF		TIE HOW INJURY OCCUR	RED (ENTER NATURE O	F INJURY IN ITEM 18 PA	RT 1 OR PART 2)
ON O THE CA TO THE HOUL HOUL HOUL HOUL	SIE	UNDERLYING OR CONTRIBUTING CAUSE O		MONTH DAY YEAR JUNE 1982	STRUCK	be me	L. 1 The	. 4
CERTIFICATION TO SEPARATE STATE OF THE STATE	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY LATHOME.	11. LOCATION	by pic	10/10	
ON CE	W W	WHILE NOT WHILE	STREET, FAC	TORY, FARM, ETC.)	STREET	CITY OF	NWOI	COUNTY STATE
WRI WARE		AT WORK AT WORK	<i>t</i> -	Road				
DIVISION OF VITAL RAFE. THIS CERTIFICATE SHOULD ATE, WRITING THE WORD "PFORWARDED TO THE CHIEF OR, PAGE 3 SHOULD BE USED HE STATE DEPARTMENT OF HE WAY, 21201 PRIOR TO BURIAL, NO, 2120		22a. I certify that I taak cha	rge of the remains des	scribed abaye, held an	Autapsy , Inspec	tian . Inqu	iry and	in my apinian
EXAMINER: CERTIFICATION ULD BE FOR UNITH THE! MARYLLAND	1	death resulted fram: No	tural eduses ,	Accident Suicid	Hamicide	Undetermined	manner .	
RECT RECT			0// 1/	1	TITLE (SPECIFY)	On de l'entre		
A WAS A SA		ACTUAL	X VC	1 delak.	THE (SPECIFT)	*		DATE SIGNED UN 18 8
CAL EXA THE CER SHOULD BRAL DIR FATH, WI ORE, MAR	-	SIGNATURE	Commercial Commercial	12 come	M.D	MEDICAL EX		
W DE A NE DE		EXAMINER'S NAME	4	1/4/06-	58	O Northown	HU HAGO	CLSTONA MY
TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLAN		(TYPE OR PRINT)	110WAW	N. WAYIS	ADDRESS			21740
525 P F F F	23a.B	URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMET		23d. LOCATIO	N	COUNTYSTATE
1000 BP			7/23/82	ARBUTUS M	EMORIAL PARK		IMORE	(BALTO.) MD.
0000	24 F	BURTAT. UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGIS		TRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))			ADDRESS	PARK HEIGHTS	ATENIE	1111 2.7 19	82 Than	Quallette
15M 2/80	<b>L</b>	LEWIS T. GWD	431/1	MILL HETOTIS	A ENOR		GE 12 / July	0

A TO 25 Charles

HASHING WASHINGTON COUNTY NOW, HOSPITAL TOTAL ASSESSMENT AND SHOP AND STREET OF A STREET OF STREET STRE CV.

Y MH. JAMES ONDER 2508 SALEM STREET

was a first to the state of the

BURLL 7/23/82 AMSTUS REMORE E CHE BRITINGER (BALTO.) M. CO.

	1.	FOR - STATE REGISTRAR			DEPARTN	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8	2 REG. N		9	3	5	6
		CEASED NAME E OR PRINT)	Maxin		rminia	OW	ENS	2a. DATE C	July	2, ]	1982	YEAR	2b HC	UR
	3. SE	female		4. RACE whit	te	5. DATE C		6 AGE (IN	IYEARS LAST BIR	71 YRS	MONTHS	R + YEAR	IF UNDI	MIN.
5		Maryland  THY OR TOWN OF DE		U.S	WHAT COUNTRY?	WIDOWE	D NEVER MARRIED DO NEVER MARRIED DO NEVER MARRIED DO NORCED DO NORCED DO NEVER INSTITUTION	12a USUAL	Washi	ngto	n 12b.	KINDO	F BUSIN	MD VESS OR
リメ	USU 13a	Hagerstow  AL RESIDENCE IF NUI STATE  STATE	136 COUN	Cottma OTHER INSTITUTION	13t. CITY OR TOWN	or th	e Aging  13d. INSIDE CITY LIMITS?  YES KN NO	13e STREET	ADDRESS	е		USTRY	16	
1	14. FA	Charles	C	MIDDIE	Frush		IS MOTHER'S MAIDEN NAM Margaret		E.	L	oude			r
		WAS DECEASED EVE YES, NO OR UNKNOWN) NO		MED FORCES?	214-09-5		Mrs. Joann	McLuc	as, H		stow	n, l	Mar	yland
	NO	Conditions, if on gove rise to im couse (a), stati underlying cous	y, which immediate ing the e lost.	DUE TO, O  DUE TO, O  DUE TO, O  (c)  CONDITIONS CO	RASACONSEOUE RAS A CONSEOUE	NCE OF	ardial Infarc		se or con	DITION GI	IVEN IN F	men		
7	CERTIFICATION	190 DATE OF OPERA			TION FOR WHICH (	OPERATION	N WAS PERFORMED	200 AUT	OPSY?	IN CERT	S, WERE	FINDIN	GS USI OF DEA	TH?
7	MEDICAL CER	226 SIGNATURE	CAUSE OF DEA	P 21e. PLACE (AT HOME, STE	M. MONTH DA M.  OF INJURY EET. FACTORY OFFICE FA  deceosed from  otter death.	19 RM ETC) 6/.	211 LOCATION  211 LOCATION  STREET  28 19 82  d that in (my) (out) apinion of DEGREE  ATTENDING	. todeath occurre	CITY OR TO	wn ote and ha	cou, 198	om the	hot (I) couses s	STATE (we) lost toted
1		226 PHYSICIAN'S N	IAME, LTYPE O	R PRINT)		704	PHYSICIAN [	DIRECTOR	PHYSIC	IAN	13	7-6	33	
-	23a. E	BURIAL, CREMATION  [SPECIFY] burial	REMOVAL	23h DATE	17., M.D.	AME OF CE	138 E. Antie	23d LOC					2 2 2 2	land

DHMH - 16 50M 1/B1 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

415 E.Wilson Blvd., Hagerstown, Maryland 21740

250 DATE D. GY REGISTER PLANTS CHARLES

The contract of the contract o		
The first of the second of the first of the second of the		
The state of the s		
	Market Barrier and the second of the second	
	The second of the second of the second secon	

JUL 1.9 TEBE ST. - 9 - 55 FE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENN - STATE REGISTRAR 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED X July HOUR 4 RACE LAST BIRTHDAY) PRONOUNCED 4:05 Male. W Oct. 15 67 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED FOREIGN COUNTRY) Washington USA Maine DIVORCED WIDOWED L 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Washington County Hospital Hagerstown retired gov.wkr. Fed.Civil Ser R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Penobscot Billings Road Maine Hermon NO 🗆 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Edwin Page Cleveland Vesta Box 275A Bangor, IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT 006-10-8750 Mr. John R. Page, W.W.II Maine 04401 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) Instant IMMEDIATE CAUSE (a) MULTIPLE TRAUMATIC INJURIES INTERNAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which MOTOR VEHICLE? MOTOR VEHICLE COLLISION E-812 gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED CENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR 3:30 P.M. July 12 19 82 motor vehicle collision CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 2 If LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) street Rt 64 8418 Ringgold 22a. I certify that I took charge of the remains described above, held an Accident X Undetermined manner TITLE (SPECIFY) Hursed RI ACTUAL DATE SIGNED JULY 13, 1982 Deputy PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Harold R. Tritch, Jr., M.D. ADDRESS 138 E. Antietam St., Hagerstown, MD 21 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY burial July 16,1982 Pleasant Hill Cemetery Hermon, Penobscot, Maine 24 FUNERAL DIRECTOR MINNICH FUNERAL HOME **DHMH-17** (VR A15 ME (5)) 415 E. Wilson Blvd., Hagerstown, Md. 21740 15M 7/76

in a bit ment at our sent in a fact that we do not necessary the chrotosessi . new terms of the state of the Land to the state of the state No. of the second secon 

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE R

FOR

- STATE

Sert 100 mining		100
	ticl is sime to estim	
nedjalifen	A.S.	shart and
discon many and	Total national affect and for	
- roza elifabilizzo : +	X quotestate	.03
TO STATE OF THE ST	Term letter lapit	
	Sin-up-1221   Irr. wralm	
	mirra .em   1951-91-45	
	Sin-up-1221   Irr. wralm	
	mirra .em   1951-91-45	

STATE OF MARYLAND

4. 5 3.

all all TARRESON CO. The wind to told to the told of the told o Pa. Stranklin (erequebung a lin s. Fareste hamming skinistly entry notwellesseves.E pich 182-32-2765 are released by the community of Surial . The Sion whom Sec. Horeashouse Transition 24.

The Late Control of the Asset Last Manager and the Asset Last

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR L DECEASED NAME

INDUSTRY Elizabeth Ave. Hag., MD Householder" Walls same as 13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LICE 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the couses stated 224 DAJE SIGNED Northern Ave., Hagerstown, MD 21740 Rest Haven Cemetery Hag. Wash. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE 1601 Pennsylvania Ave. 6 1982 Rest Haven Funeral Chapel Hag.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

20 DATE OF DEATH

MONTH

2b HOUR

126 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER 1 YEAR

The City Direction Read Read William 750 nanke miste grante, is 7 to 55 Ltd ALL SIGNATURE OF Country Peninter Con Country Indiqual vomes movarinas myotato at Manufactor of erstorn & S. S. Lizabeth Ave. Bu., Moores Walle - Like Grace Maybear alle 20guill-101/7 Maymond Read sense on 12s the said the said of the said the said of the said SEO NORTHERN AVO., HERCESTONA, ASTENDA .E.A , Obite. Total factor for the factor of Ferney Jean's Live. the little property of the season of the season of

1 - S	OR TATE EGISTRAR	FIRST		STATEPARTMENT OF HICAL EXAMIN		AND ME	NTAL HY	GIENE DEAT	н2	REG. NO.	9	3 6	4	
	EASED NAME OR PRINT)	Irene	NN		REED	ER		- 1		OWN D	JUL	Y 2419	8:	45 P M
fen fen		hite N		L926 6. AGE (IN YEAR LAST BETTHDA	MONTH:		HOURS A	HRS. 2c.	DATE ONOUNCEI DEAD	JUL	MONTH	24 <sub>19</sub>	32 9	OUR 14
/ A	THPLACE (STATE C EIGH COUNTRY) USTRAlia		U.S.		8 MARRIE WIDOWS		ER MARRIED DIVORCED			shin		TY OF DEAT	1	MD
7 Ha	y or town of cagerstow	n	Washingt	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) ton County	Hos		ION II	for MOS hou	OCCUPATE of working sewife	ON (TYPE (	OF WORK	126 KIND O OR IND	BUSINES JSTRY	S
5 13a ST Ma	aryland	1136 COUNTY	ington	RESIDENCE BEFORE ADMISSION 136. CITY OR TOWN Hagerstov		YES 🕸			ADDRESS Winte	r Str	reet			
// F	Negres Name Robert		WIDDLE	Meredith	(1)	15. MOTHE A	r's MAIDEN lice	NAME	E.	DDRESS	(	Cather	al	
Tod W	AS DECEASED EV 5, NO, OR UNKNOWN) <b>NO</b>	(IF YES, GIVE WA	D FORCES? RORDATES)  ane couse per line for	218-80-60				c.			lage	rstown	, Md	
	Canditians, if gave rise to cause (a) state lying cause la	immediate ing the <u>under</u> st.	(b) #42 DUE TO, OR A	S A CONSEQUENCE C  ARTER I  S A CONSEQUENCE C  IT NOT RELATED TO THE TERMI	OSCLE				CULAR	DISE	EASE	10	YEAR	s
MEDICAL CERTIFICATION	19a. DATE OF OPE	RATION	196 CONDITIO	ON FOR WHICH OPERA	ATION WA	AS PERFORM	AED?					20 AUTO		K
CALCER	210. EXTERNAL CA UNDERLYING CONTRIBUTING		21b. TIME OF 1 HOUR A.M. ATH P.M.	NJURY MONTH DAY YEAR 19	21c. HO	W INJURY	OCCURRED	(ENTER NAT	URE OF INJURY	N ITEM 18 PA	ART T OR PA	ART 2)		
MEDI	21d. INJURY OCCU WHILE NO AT WORK AT			FINJURY (AT HOME, RY, EARM, ETC.)	21f LOC	REET		C	ITY OR TOWN		со	PINITY	5:	TATE
	22a I certify the			ibed above, held an	Autops			X, Undetern	Inquiry I		I in my of	pinion		

TOS-RA GATOTAD - NATERIO GATOT

THE TO MUTERIHEAD THE THE

FOR - STATE STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 9 3 6 5

CERTIFICATE OF DEATH

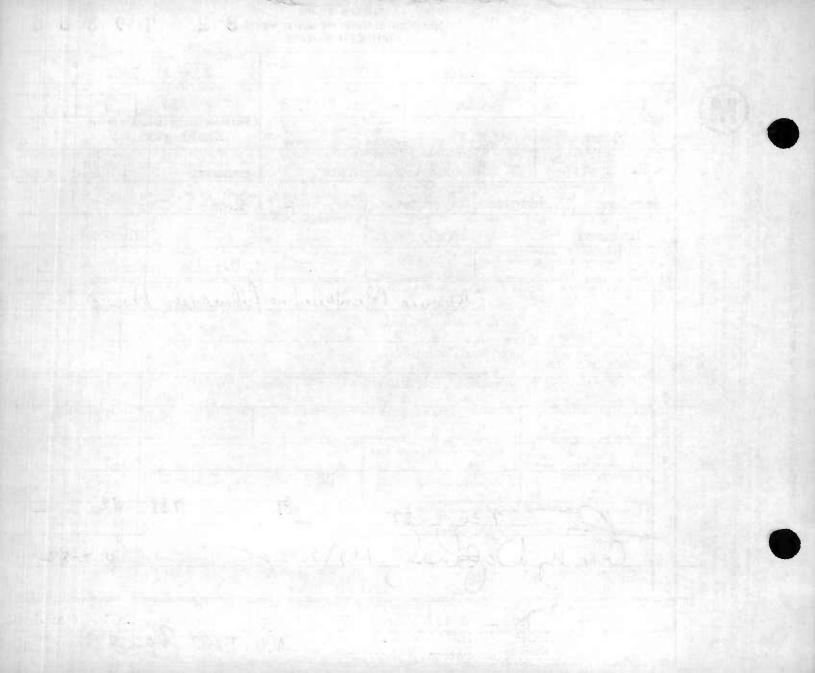
REG. NO.

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
T	DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	MONTH DA	YE AR	25 HOUR
1	(TYPE OR PRINT)  Dorot	thy Elaine	RO	OHRER	July	31, 19	982	M
3	. SEX	4. RACE	5 DATE O		6 AGE (IN YEARS LAST BI	110	FUNDER TYEAR	IF UNDER 24 HRS
L	female	white	Aügi	ıst 4, 1924		57 YRS.	MAINS DATS	HOURS MIN.
5	BIRTHPLACE (STATE OR FOREIGN Maryland	U.S.A.	RY? 8 MARRIEI WIDOWE	NEVER MARRIED	BALTIMORE CITY O	_	OF DEATH	MD.
0	CITY OR TOWN OF DEATH Williamsport	11. NAME OF HOSPITAL, NUR (JENOTIN SUCH FACILITY, GIVE STI 9E Milestone	RSING HOME O REET ADDRESS) Garden	R OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST manager		INDUSTRY	d of Ed.
				13d Inside City Limits? Yes	Route 5,		321	1
2	Bernard	MIDDLE		Elsie	AE MIDDLE	Plu	unkert	ı
10	60 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDR			
	(YES NO OR UNKNOWN) (IF YES, GR			Mr. William H	I. Rohrer	, Hager	stown	, Md.
	PART 2 OTHER SIGNIFICANT ( 19e DATE OF OPERATION  17e, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSECUTION OF THE CONSTITUTION OF THE CONST	TO DEATH BUT		NAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	NGS USED
1					YES NO	YES		NO 🗌
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALUSE OF DE.  (IF EITHER, NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE ALWORK ALWORK  ALWORK ALWORK	ATH HOUR A.M. MONTH	19	216 HOW INJURY OCCURRI 211 LOCATION STREET	ED (ENTER NATURE OF INJU		COUNTY	STATE
	22a.1 certify that () (this hosp	ot) view the body ofter fleuth	9. 00 on	d that in (my) (war) opinion d DEGREE ATTENDING PHYSICIAN 228 ADDRESS	, to	AFF.		
	30 BURIAL, CREMATION, REMOVAL (SPECIFY) burial	August 3,1982	Rose	emetery or crematory Hill Cemetery		11		Marylan
2	4 FUNERAL DIRECTOR MINNI 115 E. Wilson Bly	CH FUNERAL ADDRESS Vd., Hagerstown	HOME, Mary	land 21740 AUG	3 <sup>rec-0</sup> 5*1982**	John	AR'S IC AT	URE .

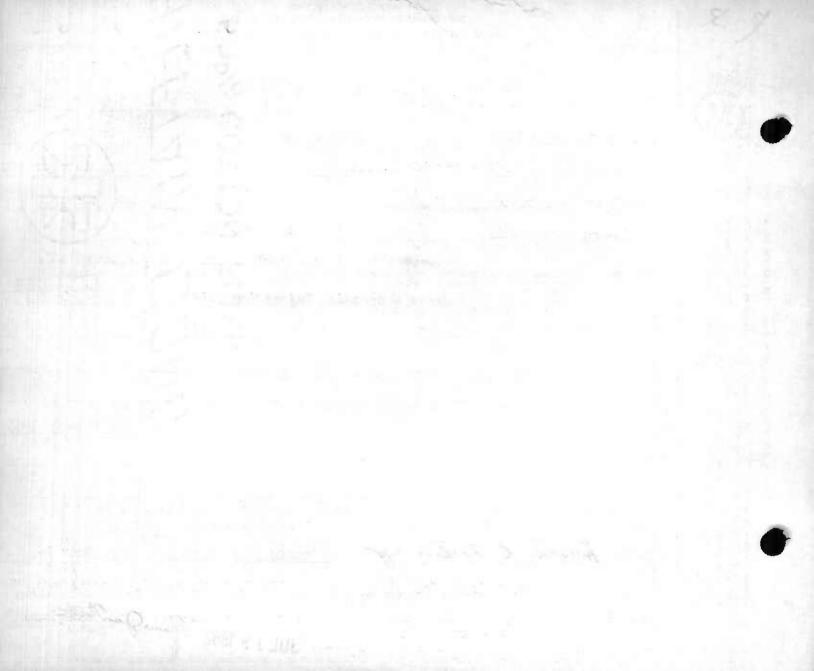
DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

should be detached for use as the burial-transit permit. Then please remove carbon popers: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the



1- STA				DEPARTMENT OF	HEALTH		15 /	1	9 3	6	6
	SED NAME	FIRST		MIDDLE MIDDLE		LAST	20. DATE KN		MONTH DAY	YEAR	26 +470
		Edga		eston		MUELS	DEATH MA	TED .	July12	1982	P
3. SEX male		white	June 27	YEAR LAST BIRTHE	PAY) MONTH	DER 1 YR. IF UNDER	MIN. PRONOUNCE	> "	July 13	YEAR	24 HOUF
BIRTH	PLACE (STATE		76. CITIZEN OF WE		To.	ED NEVER MARR	9. BALTIMOR	CITY OR C	COUNTY OF D		PN
M	arvland	d	USA		WIDOW	ED DIVOR	ED D	Vashin			ME
H	or town of	own	546 Fr	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) rederick St	reet	ER INSTITUTION	120. USUAL OCCUPAT FOR MOST OF WORKING clerk	ON (TYPE OF LIFE)	OR	INDUSTR	Y
13a STAT	esidence (#) e arvlance	13b. COUNT	other institution, Giv Y ington	13c. CITY OR TOWN Hagersto		134 INSIDE CITY LIMITS?	13e STREET ADDRESS 546 Fr	ederi	ck Stre	et	
	R'S NAME FIRST	as W. Sa	MIDDLE	LAST		15. MOTHER'S MAID FIRST Anna				AST	
léa WAS (YES, N	DECEASED E	VER IN U.S. ARM	ED FORCES?	166. SOCIAL SECURI 214-10-41		Mrs. Pau	line Butts,	DDRESS Hage:	rstown	Md.	
	gove rise couse (a) sta lying couse	if ony, which to immediate oting the <u>under-</u> lost.	(b)	Acute Myc AS A CONSEQUENCE  ASHD AS A CONSEQUENCE BUT NOT RELATED TO THE TERM	OF OF		429		,	ninut	es
CERTIFICATION 512	DATE OF O	PERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				UTOPSY?	v
A CC	EXTERNAL OF	OR CAUSE OF D		MONTH DAY YEA	R	OW INJURY OCCURRI	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART		ES 🗌	NO [X
W WI	HILE WORK			ORY, FARM, ETC.)		TREET	CITY OR TOWN		COUNTY		STATE
d	22s I certify t		e of the remains described courses $X$ .	Accident , Si	Autops	y Inspection, Homicide	Undetermined manne		n my opinion	Q., 1 A	1



1	N
X	3
1	

## FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

	11	ung	1	2
	9	S	0	1

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME	FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	CHARLES ARCHIE	SCOTT	July, 30,	1982 M
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 74 HRS
male	white	May 14 1904	78 YRS.	DATA NOORS MIN.
70. BIRTHPLACE (STATE OF	FOREIGN 76 CITIZEN OF WHAT COUN	TRY?	9 BALTIMORE CITY OR COUN	TY OF DEATH
Georgia	USA	WIDOWED DIVORCED [	Washington	MD.
Hagerstown	Washington Co	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
	SING HOME OR OTHER INSTITUTION GIVE RESIDENCE		cabinet maker	Hardwood Co.
13a. STATE	136 COUNTY 136 CITY OR	TOWN 1134 INSIDE CITY LIMITS?	320 Wakefield R	4
Maryland	Washington Hagers	Stown YES NO X		.a.
FIRST	MIDDLE	FIRST	_ MIDDLE	Rouzee
Charles	Scott	Annie SECURITY NO. 17 INFORMANT	Laura	Rouzee
(YES, NO OR UNKNOWN)	[ IF YES, GIVE WAR OR DATES] 227-05		Scott 320 Wakefi	ald Dd
		7512 Mrs. Cena	Scott 320 Waker	APPROXIMATE INTERVAL
PART I. DEATH V	TH (Enter only one couse profile for the VAS CAUSED BY	Te + Arhere		BEDMEN ONSET AND DEATH
1539	IMMEDIATE CAUSE (a)	20/1/	0 0	21
Conditions, if on	DUE DUE DONS	or colon unt	I mela Neces	3/21/82
gove rise to im	mediate	ogieti apos	· · · · · · · · · · · · · · · · · · ·	1-000
underlying cous		12 2 Jimes	\$	A CONTRACTOR
PART 2 OTHER SIG	NIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE FE	RMINAL DISEASE OR CONDITION G	IVEN IN PART 1(D)
NO NO		V		
190 DATE OF OPERA	TION 196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
* E			YES NO NO	ES NO
		DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
(IF EITHER NOTIFY MED	ICAL EXAMINER) P.M.	19		
OR CONTRIBUTING	LAT HOME STREET EACYORY OF	FICE FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK AT WO		3/1	a 2/20	C)
	(this hospital) attended the doceosed fr		3 to (1)0	19 that (I) (we) lost
saw the decea above, (1) (y e)	(did nat) view the body after death.	ond that in (my) (90r) opinion	on death occurred on the date and ha	our and from the couses stated
IGNATURE	100 C V11. A	ATTENDING	MEDICAL STAFF	DATE SIGNED
19000	AME (1YPE OR PRINT)	PHYSICIAN		0/4/0
		22e ADDRESS		
	ald E. Martin		veland Ave.	
23a. BURIAL, CREMATION		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
Rurial	NICH FUNEDAT TO	Cedar Lawn Mem Pl		Washington Md.
LAWARE	NICH FUNERAL HO		ATE REC'D. BY REGISTRAF REGISTRAF	STRAR'S SIGNATURE
415 E. Wils	on Blvd. Hagerstov	vn, Md. 21/40 A	0 0 1002	

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attenshould be detached for use as the burial-transit permit. Then please remove a with the State Dept of Health and Mental Hygiene prior to burial, cremation,

MPORTANT: If them 21 is marked ar them 18 shaws ony injury, ar oth

-140.5-42 state - 1 Call of 24 The seek almonated the salary. 

STATE OF MARYLAND	- 4	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	La	
CERTIFICATE OF DEATH		

) SEX		raldine						
Fe	X		Louise		CUFFINS	July 20	0, 1982	1 :3
and the same of		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		EAR IF UNDER 24 H
To BIF	male	White		Nov	. 25, 1922 <sup>AR</sup>	59	YRS.	
Wa	RTHPLACE ISTATE OR FOREIGN COUNTRY) IShington Co., I	1a. U.	S. A.	WIDOWE		9. BALTIMORE CITY O Washing		1
На	ry or town of death gerstown	Washin	gton Cour	nty Ho	ospital	TYPE OF WORK FOR MOST O Waitress		id of Business taurant
Ma Ma	aryland Wa		Funksto	N		136. STREET ADDRESS 211 N. A	ntietam St	•
14. FA	THER'S NAME Charles	MIDDLE E	Showe		15. MOTHER'S MAIDEN NAM	ME MIDDLE		<sup>LAST</sup> Knodle
		ARMED FORCES? GIVE WAR OR DATES)	216-14-		Mrs. Cyntha		211 N. Ant Funkstown	
CERTIFICATION	PART 2 OTHER SIGNIFICAN				N WAS PERFORMED	20a AUTÓPSY?	206 IF YES, WERE FIT	NDINGS USED ISES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	EATH HOUR A.A	A. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	YES RY IN ITEM 18, PART I OR PART	NO [
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE C		19 ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
	220.1 certify that (1) this has sow the deceased olver- obover. (1) well (did) (did 22b. SIGNATURE		ofter death.	3 3 , on	d that in my (our) apinion of DEGREE  ATTENDING PHYSICIAN [Z	, to 7 / 2 death occurred on the do	te and hour and from 22c. D.	the couses states
	22d. PHYSICIAN'S NAME ITYP				ZZE ADDRESS			

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

50, 1782	SICEVEUOS	eral ine Louise	
	ior. 25, 1°22		Venslo
nazyaza si			ensimalities co
duvid them agencies	Isotosall y	Chino Constituting	m100001E114
211 J. Anoletus St.		ngkingen Pakston	harfynd '
elona 30 mastra E Etc	100	Shore.	Ciavaes
r clerent, Sundavent, II.	10 22 B	216-11-55	01
	State Same		
1 Ave. Margantes, 14. 21740			
Bronsores, sen. Co., E.,		Personal Per	

STATE OF MARYLAND

atte | Sept. 1,1915 | 02 The season of th Lucicada de maria de la cada de maria de la cada de la ergland emeilington Boonsbore k . . . Box 355 training The state of the s 217-29-76)] Fred . The Mint, Becommonro. M.L. 427.1 But I have been supported in the part of the particular of the par Tely-12 Come dall investment a present file engli

A state of the sta

THE THE THE

ā 0

He

20

No.

MPORTANT:

should be

MEDICAL

per entol Hygiene

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME EIRST 2a DATE OF DEATH (TYPE OR PRINT) July CLARENCE IRVIN SHAW 26 1982 4 RACE 3, SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH male white 1906 18 76 May To BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWEDFX Washington Marvland USA DIVORCED [ 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Conductor Railroad Colton Villa Hagerstown USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 223 West Side Ave. Washington Marvland Hagerstown YES X 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Carter Belle Η. Shaw James

166. SOCIAL SECURITY NO

705-10-820

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Canditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [

17 INFORMANT

22a I certify that (1) (this hospital) ottended the deceased from, saw the deceased olive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did nat) view the body after death. 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING

211. LOCATION

22e ADDRESS

STREET

22d PHYSICIAN'S NAME (TYPE OR PRINT)

MINNICH FUNERAL HOME 41500Es.

216. TIME OF INJURY

P.M.

21e PLACE OF INJURY

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

?10. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE AT WORK

21d INJURY OCCURRED

(# YES, GIVE WAR OR DATES)

LYES, NO OR UNKNOWN)

No

Garrett Adams 1005 Linwood Ave.

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

MEDICAL. PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

COUNTY

STATE

26 HOUR

IF UNDER 24 HRS

1600 Oak Hill Ave. Abdul Waheed

23g BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

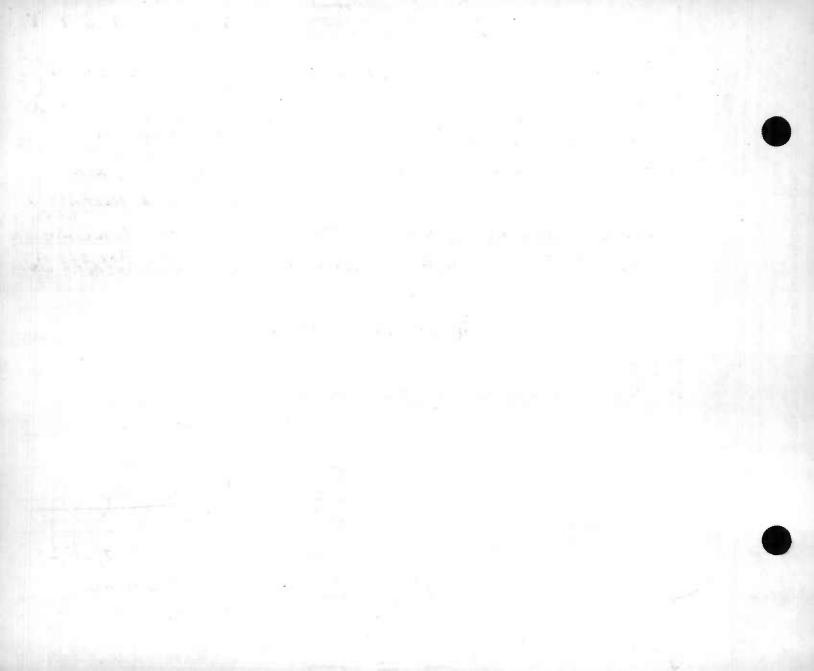
CITY OR TOWN Hager town Wash Cedar Lawn Memorial Burial

DHMH-16 30M 2/80 (VRA 15, 4)

A COLUMN TO SERVICE AND A SERV And the second s

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME MIDDLE 2s DATE OF DEATH MONTH 2b. HOUR LTYPE OR PRINTA Boy 3 DABY GLER 1 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH YEAR DAYS **HOURS** WHITE 82 BALTIMORE CITY OR COUNTY OF DEATH STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED WASHINGTON, CO. WIDOWED DIVORCED [ IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HAGERSTOWN USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
131 CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS RT2 BOX 260-A MARTINSBURG YES [ NO [ IL FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE MAYNE NEVIN SIGLER LEE ILLIAMSON ION ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT RT2 BOX 260 AVA I LIF YES, GIVE WAR OR DATES! (YES, NO OR UNKNOWN) W. SIGLER NEVIN No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic). PART I. DEATH WAS CAUSED BY MMATURI IMMEDIATE CAUSE (a) DUE TO, OR AS CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION DELIVERED WEEKS FETUS 22 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NOF 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21s PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 22a.1 certify that (I) (this hospital) attended the deceased from JULY 3 82 sow the deceased olive on\_ ond that in (my) (bur) apinion death occurred on the date and hour and from the causes stated above, (1) twer (did+did not) view the body after death 226 SIGNATURE DEGREE 22c DAJE SIGNED ATTENDING PHYSICIAN TO DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22s ADDRESS with the S ld b WASHINGTO 0 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Cremation Washington Cty. Hospital Hagerstown, Washington Maryland 7-8-82 FUNERAL DIRECTOR. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 20M ADDRESS (VRA 15, 4) 7/78

STATE OF MARYLAND



1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	0	19	5 / 2
	CEASED NAME FIRST ( ) X X	4 RACE	S. DATE	OF BIREH	6 AGE (IN YEARS LAST BI	MONTH DAY YEAR  THOMAS IF UNDER LY	EAR IF UNDER 24 M
0 E	IRTHPLACE ISTATE OR FOREIGN COUNTRY HOOF DATA ITY OR TOWN OF DEATH	16 CITIZEN OF	WHAT COUNTRY? 8. MARRI WIDOW HOSPITAL, NURSING HOME HEACHTY, GIVE STREET ADDRESS	ED NEVER MARRIED DIVORCED OR OTHER INSTITUTION	120 USUAL OCCUPAT TYPE OF WORK FOR MOST		ID OF BUSINESS
Ma Ma	aryland Car		GIVE RESIDENCE BEFORE ADMISSION  IN CITY OR TOWN  Mt. Airy	13d. INSIDE CITY LIMITS?			
	Martin	MIDDLE .	Slagle	15. MOTHER'S MAIDEN N  Annie	AME MIDDLE C.	Re	ck
160 V	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI		166 SOCIAL SECURITY NO. 212-38-2612	Elizabeth	16070 APER H. Hill,	Mullinix Woodbine,	Rd. Md.
ATION	gave rise to immediate course (a), stating the underlying course lost.  PART 2. OTHER SIGNIFICANT (A)  19th DATE OF OPERATION	CONDITIONS CO		Dieno	MINAL DISEASE OR CON	28k IF YES, WERE FIN	IDINGS USED
CAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OP CONTRIBUTING CALLS OF DE		M. MONTH DAY YEAR	TIE HOW INJURY OCCU	YES NO RRED (ENTER NATURE OF INIE	VES DEPART OF THE	NO 🗍
MEDICAL	ZIA INJURY OCCURRED	ZIa PLACE		NI LOCATION	City O#10	Dese COUNTY	51479
	178-1 certify that (I) (this hosp says the deceased alive or above, (I) (we) (did) jeid as 176-510NATURE	ti view the lody	- 82 10	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 138 E	MEDICAL STA	late and hour and from 27s. D	the cooper states ATE SKIGNED - 26- EZ
23e. f	BURIAL CREMATION, REMOVAL	7-27-	1982 Mt.	CEMETERY OR CREMATORY Olivet	Freder	ick,	on Mg.
24.F3	uneral Director narTes W.Burr	1		25e D4	JG 3 1982	~~~	De la

STATE OF MARYLAND

the state of the same of the s Total a most obere morning within a safe a comment of the . Die wieder auf in 2186 m. B. . The Company Street and single distribution of the 212-33-2612 chingbern in 1111 - cooth ner 141 . Proposition of the contract of the state o

Smithsburg Md.

Davis Funeral Home

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO COUNTY STATE and that in (my) (our) opinion death occurred as the date and hour and from the causes stated 22c DATE SIGNED Commonwealth All.

REG. NO.

75 HOUR

12b. KIND OF BUSINESS OR

Brown

Products

IF UNDER I YEAR

20 DATE OF DEATH MONTH

DHMH - 16 50M 1/81 (VRA 15, 4)

FOR

I. DECEASED NAME

REGISTRAR

- STATE

Trees white Jame 12 1315 A Parties of the Control o						
Timpolis (					_ APATH	
Himo: A conting to County or Civil Mark the United of Younge or County or Civil Mark the United of Younge or Civil Mark the United of Mark the Civil Mark th			B161 (SI a			
TOTAL CANCELL CONTROL				A.2.		Lionill
Alter State of State	15 OX	70.02.520 -27.0.4		ngod med griden		avojare u
The state of the s		S 800		morava	. (88)	
			dwo rate	history	1.5	sarol.
		, sir samples of room in	wind .ems	6321-01-069		
				Carlo Avida		
A CONTRACTOR OF THE STATE OF TH						
A CONTRACTOR OF THE STATE OF TH						
A CONTRACTOR OF THE STATE OF TH						
A CONTRACTOR OF THE STATE OF TH						
A CONTRACTOR OF THE STATE OF TH						
A CONTRACTOR OF THE STATE OF TH						
And the second control of the second control						
		and the second	F . W.	37,0-14.4		
	1	No. of the Control of the Control				-
The state of the s						

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item 5 G5708/6/82GAB

The second				0.20
	20 19-2	2 63	200	eis.
. wirson county,				
willing the desired	isticae.	vinuos normali		Choteman
timolognostal 0800		off Present	municus.	0.102
anomi ranetal ober	ann.M	Soyeer		dand LA
olivettivaena. nob	you artnow ask	1406-91-522	Int	
ementale dilet naomo				

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical 🚯

	1.	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 2 I	9 3	7 5
		CEASED NAME E OR PRINT)	Nora		T.		tearns	July 4, 198	B2	26 HOUR 9:30P <sub>M</sub>
		emale		RACE White		S. DATE C	ust 70, 1902	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR MONTHS DATS	IF UNDER 24 HRS. HOURS MIN.
4	N	RTHPLACE (STATE ORF COUNTRY) ebraska Cit	ty, Nel		S. A.	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Washington		MD.
9	Ha	agerstown		Washir	igton Cou	nty H	ospital	120 USUAL OCCUPATION (TYPE HOUSEWIFE WORKIN	4G LIFE) 12b. KIND (	of Business or Home
6	M	AL RESIDENCE (IF NURSI STATE Aryland	NG HOME OR OF 131 COUNT Washi	ngton	BOONS DO		13d. INSIDE CITY LIMITS? YES NO	13e. 5205 APRESS AV	ve.	
Ó	14 FA	John	MI	DDLE	Theis	2 19	15. MOTHER'S MAIDEN NA/	WIDDIE		thown
	160 V	VAS DECEASED EVER		ED FORCES? WAR OR DATES)	505-07-		Mrs. Donna	L. Rasmussen,	Boonsbor	o, Md.
		18 CAUSE OF DEATH PART I. DEATH W. J. J. D. Conditions, if ony, gove rise to imm couse to, stoting underlying couse	which nediote g the	DUE TO, OF	RAS A CONSEQUE RAS A CONSEQUE	NCE OF	MARTHUM EMORI	BOLISM	< 1	ONSET AND DEATH  ONSET AND DEATH  OR Y  OR Y
	ATION	PART 2. OTHER SIGN	100	ENDO	CARDIT	15 (		INAL DISEASE OR CONDITION	)	
2	CERTIFICATION	NONE				OPERATIO		YES NO DE IN CER	YES, WERE FINDIF RTIFYING CAUSES YES	NGS USED S OF DEATH?
1	MEDICAL CE	? 10 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH	21b. TIME O HOUR A./ P./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART ?)	
	MEDI	216 INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR		21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	NRM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		sow the deceose obove. (1) we) (d)	d olive-on	JULY	4 10 8		od that in (my) (our) opinion of	to TULY 4	hour and from the	thot(1) (we) lost
		22b. SIGNATURE	Mo	flen.		M		MEDICAL STAFF DIRECTOR   PHYSICIAN		SIGNED 26-82
1		224 PHYSICIAN'S MA	ME (TYPE OR P	RINT)			77. ADDRESS 339	E. ANTIETAN	4 51.	

23c. NAME OF CEMETERY OR CREMATORY

HAGE ASTOWN

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR John H. Bast, Jr.

230 BURIAL, CREMATION, REMOVAL **Burial** 

COHEN

7-7- 82

Boonsboro, Md. 21713

Boonsboro, Wash. Co., Md. Boonsboro Cemetery 250. DATE REC D. BY REGISTRAT 256 REGISTRAT'S SIGNATURE OF THE STATE O

25:5	Joly u, 1962	anthe		170K		
		et-10, 1,005	opina es	and.	- Nonnike-	
	nalymbras		U. 8. D.	. С	C nymercel.	
omall mad	elimento	.F. J.c.s	o tympic motioni	113	n oferegal	
	205 Young ave.		ECC15008	not included	in Evr	
meanwhit		nan.	olen.		John	
		ara ara	505-07-8606		C	
10 mg (10 mg)						
324			and the same			
	decarbone, the	graderad or		7-7	films	

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

		REGISTRAR				CERTI	FICALE OF DEATH		REG. NO.		
		CEASED NAME	first Helen		enna		INE	20 DATE OF		DAY YEAR 1982	2b HOUR
Y	3. SE	female		4 RACE wh	aite		of Birth ber 19,1897	6 AGE (IN YE	ARS LAST BIRTHDAY) 84 YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5		Maryland	FOREIGN		S.A.	MARRIE WIDOW	ED NEVER MARRIED DIVORCED		RECITY OR COUNT Washingto		MD
0	F	lity or town of DEA Hagerstown		220 Ha	ger Street	et	OR OTHER INSTITUTION		CCUPATION FOR MOST OF WORKING DUSEWIFE	LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OR
6	Ma	at residence (if nurs state aryland	Wash	other institution uty ungton	Hagersto		13d INSIDE CITY LIMITS?	13e STREET A	ADDRESS Hager Str	eet	
1		Collins		MIDDLE	Myers		Mary	AME	WIDDFE	Hov	vis
	- 1	WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES?	215-18-2		Mr. Richard	L. Stir	ne, Hage	rstown,	Md.
1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NO	Conditions, if ony, gove rise to improve couse (o), stotin underlying couse	, which mediate ag the last	(c)	Litum	MCEDF Lev	of Information of the Terr	le MINAL DISEASE	OR CONDITION G	3 W	oho.
1	CERTIFICATION	19g DATE OF OPERA	TION	196 COND	TION FOR WHICH	OPERATIO	DN WAS PERFORMED	20a AUTOI	IN CERT	ES, WERE FINDIN IFYING CAUSES YES	OF DEATH?
	MEDICAL CER	71a, ACCIDENT WAS UNE OR CONTRIBUTING (FETHER NOTIFY MEDM 21d INJURY OCCURR WHILE NOT WH AT WORK AT WO	CAUSE OF DEA	P.	m, month da m,	19	216 HOW INJURY OCCUR	RRED (ENTER NATI	URE OF INJURY IN ITEM 18	PART   OR PART 2)	STATE
		220.1 certify that (1) sow the decease obove (1) we) (c 22b. SIGNATURE	(this hospi	- /	ofter death.		nd that in my our) opinion DEGREE ATTENDING PHYSICIAN	death accurred	7-/6 I on the date and ha	22c. DATE	
		22d. PHYSICIAN'S NA		RPRINT)			Smit	,		1	
	23a. E	BURIAL, CREMATION,	REMOVAL	July 1	9,1982 Ro	hrer	sville Cemeter	ry Rohi		Wash.,	MaryTäno

DHMH - 16 50M 1/81 (VRA 15, 4)

should be detoched for use as the burial-transit permit. Then please remave corbain with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, or rem

415 E. Wilson Blvd., Hagerstown, Maryland 2174, UL 21 1982 24 FUNERAL DIRECTOR

		filmonia occi		
		Television - Labour		
		ALIEN AVA. BUT	Table 1	
		Springer transfer		
	4 600			
		270		

RI	OR TATE EGISTRAR				MENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH		2 REG. NO.	i	9	3	7	7
1. DECE A	ASED NAME	Betty		homas		STOUFFER	20 DATE OF	Ly 7, 19	-	AY	YEAR	8:3	
	male	4	RACE White	A	5. DATE C			EARS LAST BIRTHDAY	)	IF UNDER	DATS		ER 24 HR
Bal	timore,	Md.	U.S.		WIDOWE			RECITY OR CO		OF DE	ATH		
Boo	nsboro		300°	N. Main	St.	DR OTHER INSTITUTION		OCCUPATION OF FOR MOST OF WOR HOUSEWIL	KING LIFE	12b I	KIND O USTRY WN	F BUSIN	IESS (
Mar	yland	136 COUNT Wash	ington	134 CITY OR TOWN BOONSOO	ADMISSION) N			ADDRESS N. Mair	n St	•			
14 FATHE	Fred Fred	МІ	DDLE	Thomas		15. MOTHER'S MAIDEN NA	tt <b>y</b>	WIDDIE			Bow		
NO NO	DECEASED EVE		ED FORCES? WAR OR DATES)	220-16-3		Mr. Earl P.	Stouf	ADDRESO( Per, Boo					217
9	4029 Conditions, if on pove rise to in ouse (0), stot			R AS A CONSEQUE	NCE OF	ant Farture		mit Dies	ent_	,	2 h	1	
<u>U</u>	nderlying cous	ing the se lost	(c)_	R AS A CONSEQUE									
PA	nderlying cous	ing the se lost	(c)	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	PSY? 20b.	IF YES,	WERE	FINDIN	IGS US	
CERTIFICATION Pd 100	anderlying cous	ATION  DERLYING  CAUSE OF DEATH	(c) DNDITIONS <u>CC</u> 196 CONDI	DITRIBUTING TO D TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT	inleter me	200 AUTO	PSY? 206.	IF YES, CERTIFY YES	WERE ING C	FINDIN AUSES	IGS US	TH?
MEDICAL CERTIFICATION	ART 2 OTHER SIC	ING THE LOST  ATION  ADERLYING CAUSE OF DEATH  CAUSE OF DEATH  DIC ALEXAMINER)	ONDITIONS CO	DNTRIBUTING TO D TION FOR WHICH I FINJURY M. MONTH DA M.	OPERATIO  YEAR  19	N WAS PERFORMED	200 AUTO	PSY? 206.	IF YES, CERTIFY YES	WERE ING C	FINDIN AUSES	IGS USI	TH?

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or Item 18 shaws any injury,

John H. Bast, Jr.

Boonsboro, Md. 21713

Boonsboro, Wash. Co., Md. Boonsboro Cemetery JUL 12 1982 Junes Jan Matthe

thore, Mi. B. S. C. Entropled  thore, Mi. B. S. C. Entropled  aspers 100 M. Ann St. Houseaffe Com Sone  gland semingron Boomsbore 00 H. Arin M.  read Thomas Berry Dours  read C10-13-598 Fig. Larl ". Flourier, Boomsbore 1. El	6:31	SHOT ", TENS	11.56 SHOTE	a dinbi	of the same	
Thomas M. Houseaffe din Jone  107 M. film D. Houseaffe din Jone  Flant remingren Bosesbard D. O Anig M.  120 Thomas Sept Done  210 Thomas Sept Done  220 Thomas M Entl P. Houseaffer Donebore M E					editiv	e Lum's
Plan residence Scrabore Sett Communication of the C		ne fundida e				l emili
red Cic. Sector Control of the Cic. Final Co.	anni sini	olimacuoli -		.da nin .j	COL	- ce 1 55
2.10-11-8998   Mr. Larl P. Houdfer, Decumber, L. P. Houdfer, Decumbers, R. P. Houdfers, R. H		15 pink . 1 00		этэсэгт	nouncinees	in Cycl
2.10-11-8998   Mr. Larl P. Houdfer, Decumber, L. P. Houdfer, Decumbers, R. P. Houdfers, R. H	BUNDO!		1			Levi
		Rouller, Bocash		8968-01-029 		
		Rouller, Bocash		210-11-3998 41-7-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		

Join M. Jewy Jr. Bucubero, Ml. 21715

	FOR	DEP		E OF MARYLAND FEALTH AND MENTAL HYG	IENE 8 2	193	7 8
	STATE REGISTRAR			FICATE OF DEATH	REG. NO.		
	EASED NAME FIRST Mary	Rowland		TARLETON	July 3	ONTH DAY YEAR 1982	26 HOUR
3 SEX		4 RACE	5. DATE (		6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
	emale	white	Apr	il 17, 1905	77	YRS. MONTHS DAYS	HOURS MIN.
7a BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	
	irginia	USA	WIDOWI	ED DIVORCED	Washing		MD.
Н	y or town of DEATH agerstown	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE  Alexander l	House R		120 USUAL OCCUPATION		BUSINESS OR
13a ST		NTY 136 CITY OR		13d INSIDE CITY LIMITS? YES X NO [	13e. STREET ADDRESS Alexan	der House,	Rm. 60
14 FAT	HER'S NAME	MIDDLE 1AS	1	15. MOTHER'S MAIDEN NAM		7241	
	John	Wilkin	S	Nanny	Estel		th
	AS DECEASED EVER IN U.S. AR S NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRES		
No	0	247-34	4-0614	Dianne Kee	ely Hagers	stown, Md.	ATE INTERVAL
J § L	PART 2 OTHER SIGNIFICANT	( (c) CONDITIONS CONTRIBUTING				TION GIVEN IN PART TIO 200 IF YES, WERE FINDING IN CERTIFYING CAUSES O YES IT	
₩ 7	210. ACCIDENT WAS UNDERLYING		DAY VEAR	21c. HOW INJURY OCCURR			
SAL	OR CONTRIBUTING CAUSE OF DE.	AIR	19				
A A	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM ETC	211 LOCATION STREET	CITY OR TOWN	N COUNTY	STATE
2	220.1 certify that () (this hospi saw the deceosed alive on abave (1) we) (did) (did po	ital) at Inded the deceased for the state of		nd that in (by) (our) opinian o	death accurred on the date	19 the and hour and from the co	(we) last
7	226. SIGNATURE FALLS	a Walds	on 91	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	27 DATE 1	82
1		OR PRINT)	4.4	22e ADDRESS	1 4.1.	11/11	
2	22d. PHYSICIAN NAME TYPE O	ALDRON	M.D	13801	tulletan	SHAR	cen

<sup>24</sup> FUNERAL DIRMINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

30 Z 100			
		eta	
			The delication of
100 100	17=10000		
	155 CV D		

5		FOR STATE REGISTRAR		DEPARTA	CERTIF	E OF MARYLAND SEALTH AND MENTAL HYG SICATE OF DEATH	IENE 8 2   REG. NO.	9 3	7 9
eoe be		CEASED NAME FIRST EOR PRINT) Ray	mond He	nry		THOMAS	July 5, 1982	AY YEAR	26 HOUR 9:40P
		ale	4 RACE White		S. DATE (	of BIRTH 1891		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
W W	K	IRTHPLACE (STATE OR FOREIGN COUNTRY) eedysville	U. S. A		WIDOWE		9 BALTIMORE CITY OR COUNTY Washington	OF DEATH	MD.
1 190	H	agerstown	Colton Vi	II a N	ursin	or other institution g Home	120 USUAL OCCUPATION  ETYPE OF WORK FOR MOST OF WORKING LIFE  Trackman	126 KIND O	road
ST BE	130 M	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU Aryland Was	thington Residence	OR TOWN	ille	152   140   1-	RIG.   Box 2		
100010				Thoma		IS. MOTHER'S MAIDEN NAM			lley
be exec on and n. Pages e medic	N		15 14110 On O. 15511	5-07-		Mrs. Doroth	y M. Ellis, Keedy	rsville	
vires that the death certifit gned by the ottending phy or pleose remove carbon as burial, cremotian, or remo- ity, or other troumatic event	7	Conditions, if ony, which gove rise to immediate couse lost, storing the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C	ht- ONSEQUE	NCE OF		ant Difer Jailen NAL DISEASE OR CONDITION GIVE		
The low requicion.  te hos been si permit. The giene prior to shows any inju	CERTIFICATION	190 date of operation			OPERATIO	N WAS PERFORMED	YES NO YES		
3 PHYSICIAN: rtending physicians this certificat the buriol-tron and Mem 18 is	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AJUST OF DEL		NTH DA	19	216 HOW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN ITEM 18 PA	COUNTY	STATE
OR ATTENDING he haspital ar o DIRECTOR. Afte oched for use as oched for use as i. Dept. of Health If Hem 21 is mark		270. I certify that (I) (this hasp sow the deceased alive on above, (I) (we) (did) (did no 27b. SIGNATURE	t) view the body ofter dec	19	, or	nd that in (my) (our) opinion d DEGREE ATTENDING	, to, I leath accurred on the date and hour  MEDICAL STAFF		
to HOSPITAL etoined by th TO FUNERAL should be dett with the Stote		22d PHYSICIAN'S NAME (TYPE C)	HEED, M.	>		PHYSICIAN [	DIRECTOR PHYSICIAN		
BP		BURIAL, CREMATION, REMOVAL Burial	7-8-82			ew Cemetery	Reedysville,	Wash.	Co., Md.

Boonsboro, Md. 21713

JUL 12 1982 James Janks

DHMH - 16 50M 1/81 (VRA 15, 4)

74 FUNERAL DIRECTOR
John H. Bast, Jr.

elo
ngorroom coloon illa Amediar ome trecman soile nyland t eshington keedysville I ISA. 1 Bx El
ryland t assington Keedysvilles I II'd. T Bux El
Thin enliceson commercially sends, uno
Tag-0,-1737 Mrs. Soronny H. Allis, Mesovarillo
A MAN TO THE CONTRACT OF

	Ľ	FOR STATE REGISTRAR			CERTIFIC	FMARYLANI TH AND MEI ATE OF DEA	NTAL HYGIEI ATH	REG. NO		3	8 0
		CEASED NAME ORPRINT)	NDA	SUE	To	NEY	2	DATE OF DEATH	MONTH DAY	P82	5 P
(B	3 SE	Female	4 RACE	ick	5. DATE OF B		947	AGE (IN YEARS LAST BIRT	HDAY) IF UNI		UNDER 24 HRS
3/5	Ja-B	RTHPLACE (STATE OR FO		OF WHAT COUNTRY	Y? 8 MARRIED [	NEVER MAR	RRIED 3	WAS P		EATH	
179	10 C	AGENSTOWN OF DEA		OF HOSPITAL, NURS	SING HOME OR C	SP		IN USUAL OCCUPATION OF THE OF WORK FOR MOST OF Labor	F WORKING LIFE) IN	NE FE	
375	13a	AL RESIDENCE (IF NURSI TATE Penna.	G HOW OR OTHER INSTITUTION COUNTY  Franklin	13c CITY OR TO	WN 136	I. INSIDE CITY	LIMITS? 13	e STREET ADDRESS 284 Hawba			
7 xxo		THERS NAME FIRST Charles	WIDDLE	Toney				WIOOFE	W	altz	
3 medical		VAS DECEASED EVER I (ES, NO OR UNKNOWN)	N U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			rs. Ch	arla Y.	Owens 2	Waynest Wayne	AVE.	1726
rinjury, ar other traumatic e	rion	Conditions, if ony, gove rise to imm couse in stating underlying couse	which ediate at the lost Due To lost De To l	D, OR AS A CONSEC D) FFUS D, OR AS A CONSEC S CONTRIBUTING TO	DUENCE OF DUENCE OF	The	THE TERMIN			1.75	K5
shaws any	CERTIFICATION	5-28-8	2 FE	EMOVER L  AE OF INJURY	ARTERY	TH	LMBI	YES NO	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	S USED DEATH?
18 54		21g. ACCIDENT WAS UNDER OR CONTRIBUTING C	AUSE OF DEATH HOUR	A.M. MONTH	DAY YEAR	(. HOW INJUI	KA OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 C	R PART 2)	
orked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICA  21d INJURY OCCURR  WHILE NOT WH AT WORK	ED 21e PL/	P.M. ACE OF INJURY IE, STREET, FACTORY, OFFIC		f. LOCATION STREET		CITY OR TOW		DUNTY	STATE
em 21 is morked	MEDIC	21d INJURY OCCURR  WHILE NOT WHAT WORK AT WORK  220 I certify that (I) ( saw the decease.	ED 21e PL/(AT HOW	ACE OF INJURY LE, STREET, FACTORY, OFFICE  d the deceased from  19	21 n, ond the	STREET  not in (my) (ou	ENDING	th occurred on the do	8 , 19	€ <u>Z</u> , tho	t (۱) <del>(مینا)</del> lo uses stated
	MEDIC	21d INJURY OCCURR WHILE NOT WHAT WORK  220 I certify that (I) (I) sow the decease obove, (I) web (et al., 22b. SIGNATURE	ED 21e PL/(AT HON)  the hospital) offended of olive on	ACE OF INJURY LE, STREET, FACTORY, OFFICE  d the deceased from  19	n 5-2 N ODEC	STREET  not in (my) (ou	ENDING	to 7-	8 , 19	<b>₹ Z</b> , tha	t (۱) <del>(مینا)</del> lo uses stated

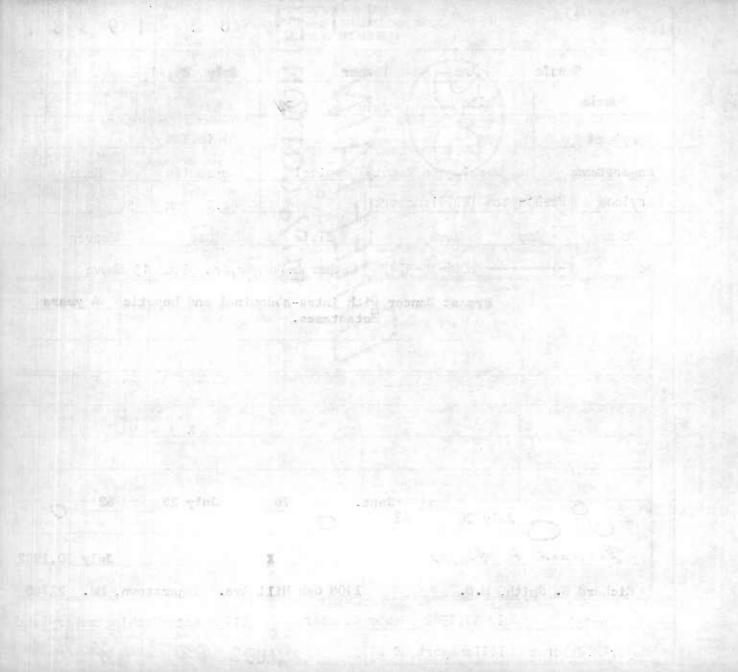
the much and a constraint one of the state 7127 , 2217 .1.8.1 Production and Table 200 - 1915 Co. - 25 First Co. - Short Tollary To me. Frunklin Heyasiverd x 23h Harlaker Are. Charles D. Toney Nellin Farm more, W. 205-36-882 Art. Charla T. Chung 250 anne Art. 1726 TELL AND THE STATE The state of the s ACCORDING TO THE PROPERTY OF T urial 7/10/1959 Green Hill Complety agreement Francisk to Quality ore, Penner, 1981 1 1 1992 Markey

		FOR STATE REGISTRAR			DE	PARTMENT	T OF HEA	OF MARYLALTH AND LATE OF L	MENTAL HYG	IENE 8	2 REG. N	0.	9 3	8 1	
		CEASED NAME	FIRST		WIDDLE		LAST			20 DATE OF		MONTH DA	YEAR	26 HOUR	-
			essie		Ann		Turn			Jul	-	, 1982		N	1
	3 SE	Female		4 RACE Whi	te		MONIH July	BIRTH DAY	19 <b>8</b>	6 AGE (IN)	EARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	-
36		RIHPLACE ISTATE OR OUNTRY) Maryland	FOREIGN	76 CITIZEN OF		M	ARRIED DOWED		MARRIED D		INGTO	R COUNTY O	OF DEATH	MD	
19	10 C	TY OR TOWN OF DE. Hagerstown		Was	cheacility, Giv hingto	NURSING HOVE STREET ADDRESTOR COU	OME OR ESS) In ty	OTHER INST	TITUTION	12a USUAL	OCCUPATI	OF WORKING LIFE)	128. KIND O INDUSTRY Hom	F BUSINESS OR	-
35	130 M	AL RESIDENCE (IF NURS	13b COUN	ington	130 CITY O	R TOWN	rt	YES 🗌	ITY LIMITS?	13e STREET .		x # 45	0		
10	14 FA	THER'S NAME FIRST John	-	MIDDLE	Nave	AST	15		S MAIDEN NAM FIRST 6 i e		мірріє Мае		Weave		1
redical		VAS DECEASED EVER	IN U.S. AR	MED FORCES?		L SECURITY	NO. 1	7 INFORMA		1	ADDRE	55	Weave	, 1	-
+		TES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	216-3	30-374	7	Luthe	r L.Tur	ner,Jr	. it	em 13			
		18 CAUSE OF DEAT PART I. DEATH W	H Enter on	ly ane cause per	line lar (a),	(b), and (c).	)			Pil-tol			BETWEEN	MATE INTERVAL ONSET AND DEATH	-
		Conditions, if any gave rise to important cause (all, stating underlying cause	nediate ng the last.	(cl_		SEOUENCE		OT RELATED	TO THE TERM	INIAI DISEAS	E OR CON	DITION CIVE	NINI DART 1		-
Colui	NOI	No. of Lot		.01101110143 <u>C</u>	ON I KIBOTIN	NO TO DEAT	<u>n</u> bor 140	DI KELATED	TO THE TERM	INAL DISEAS	E OK CON	DITION GIVE	V IIV PART TI	a	
2	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR V	WHICH OPE	RATION	WAS PERFO	RMED	200 AUTO	NOX)	20b. IF YES, YES	WERE FINDING CAUSES	OF DEATH?	
9		OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEA	TH HOUR A.		TH DAY	YEAR	TE HOW IN	JURY OCCURR	ED (ENTERNA	TURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)		
	MEDICAL	21d INJURY OCCUR			OF INJURY	OFFICE FARM E		II LOCATIO	N		CITY OR TO	WN	COUNTY	STATE	
	ā	220.1 certify tha (1) saw the deceas above. (1) we) (	this hospited alive on	July	28	from 82	ept.					29 , 19 ote and haur o	82 and from the	that (1) (we) last causes stoted	
7: F Fe		22b. SIGNATURE	and	E. 94	meto	_			ATTENDING PHYSICIAN X	MEDICAL DIRECTOR	STAP	FF IAN []	July	30,1982	)
IMPORTANT		22d. PHYSICIAN'S N.  Richard	E. Sp		.D.			2e ADDRES	s ak Hill	Ave.	Hage	erstown		21740	
4		URIAL, CREMATION, SPECIFY)  Buria		July	31,198	1		ETERY OR C		Tilg	or town	onWash	ington	Mary land	i
1/91	24 FL	INERAL DIRECTOR							250. DATE	REC'D. BY R	EGISTRAR	256 REGISTRA	ART TENAT	URE	1

Williamsport, MD 21795

DHMH - 16 50M 1/81 (VRA 15, 4)

Major M.Osborne



1.	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	9 3 8 2
	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2	John	Stephen	Vaverchak, Sr.	July 15, 1	.982
3. SE	X	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
11	Male	White	March 31,1922	60 YRS.	MONTHS DATS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED M NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	ennsylvania	USA	WIDOWED DIVORCED	Washington C	county MD
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
Ha	gerstown	Washington Co		(TIPE OF WORK FOR MOST OF WORKING	INDUSTRI
Ma Ma	aryland Wash	other institution give residence before NTY 134 CITY OR TOWN nington Hagers	town YEST NO -	130. STREET ADDRESS 620 Su	ummit Ave.
111		MIDDLE	15. MOTHER'S MAIDEN NA	MIDDLE	LAST
		rchak	Sophia	"Sladicka"	Vaverchak
	WAS DECEASED EVER IN U.S. AR. (YES, NO OR UNKNOWN)	E WAR OR DATES)		ADDRESS	
	Yes Ww	111 203-03-9	9024 Borothy L	. Vaverchak	same as 13e
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	CARCINOMA OF	E STOMACII	
NO	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH CARCINOMA		IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \( \) NO \( \)
A	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY JAT HOME STREET, FACTORY, OFFICE, FA	RM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
21 is morked or	saw the deceased alive on	toth ottended the deceased from	2, and that in (my) (port) apinion	death occurred an the date and ho	ur and fram the causes stoted
	22b. SIGNATURE	March M.	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
T	12d PHYSICIAN'S NAME (TYPE O			V. POTOMICIAN	6- 1110/02
1/		TARSH, M.D.		ERSTANDE .	

DHMH-16 30M 2/80 (VRA 15, 4)

236 NAME OF CEMETERY OR CREMATORY
REST HAVEN CEMETER 23d LOCATION
CITYOR TOWN
HAGERSTOWN 230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL HAVEN FUNERAL CHAPEL, INC. JUL 21 1982

236. DATE

Command Standard Vinterconsky and John Lotter Total Seel 11 Journal ethin LATINGUE VERMOT NOT LIGHT MENOSCRENI . envolatered her and had been brackers Reddievel Panolholo" sligge " Sonio Nedorevel . Lugsec ; Yes - Will 20g-03-944 Porotoy L. Vaverchek same so mise Charles 1/4 1 2 Rest House Secretary market said Styles Court Tart I all the property and the second

FOR - STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	9	3	8	3

	REGISTRAR				CERTII	FICATE OF DEATH	REG. N	10.		
	ECEASED NAME	FIRST		AIDDLE	-	LAST	20 DATE OF DEATH		YEAR	2b HOUR
(TYP	PE OR PRINT)	Jenni	е (	Gude	WIL	KINSON	July	3, 1982		
3. SE	EX	-	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF I	UNDER I YEAR	IF UNDER 24 HRS
4	female		white		Janu	ary 15, 1897		85 YRS	NIHS DAYS	HOURS MIN.
	SIRTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
	Maryland				WIDOW		Washir	0		M
	Hagerstown	n	Avalor Avalor	n Manor	DDRESS)	or other institution	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST) housew	OF WORKING LIFE)	126 KIND C INDUSTRY	OF BUSINESS O
130.	JAL RESIDENCE (IF NÜRS STATE faryland	13b COUN		13c CITY OR TOWN	1	134 INSIDE CITY LIMITS? YES X NO [	829 Virgir	nia Ave:	nue	
14. F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM				
	Samuel		G.	Bowers		Anna	A.		LAS	,T
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS		
	no	(	e man on on tay			Mr. Donald I	R. Russell,	Hager	stown	, Md.
	18. CAUSE OF DEAT	H (Enter or	ly one couse per	line for (o), (b), and	(C1.)				BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I DEATH W		IE CAUSE (b)	M	etas	static Carci	noma		4	days
	1539		DUE TO O	R AS A CONSEQUEN	NCE OF			-11-19		
	Conditions, if ony	which	( (b)			inoma colon			6	vre
	gave rise to imm	mediate	10,					-		113
	underlying couse		DUE TO, OI	R AS A CONSEQUEN	NCE OF					
	PART 2 OTHER SIGN	NIFICANT	CONDITIONS CO	NITRIBUTING TO DE	EATH BUT	NOT RELATED TO THE TERMI	INIAI DISEASE OR CON	DITION CIVEN	INI DADT 1	
NO	Diabete	-				dio-vascular		DITION GIVEN	IN PART IN	2.
ATI	190 DATE OF OPERA					ON WAS PERFORMED	disease	206 IF YES, W	ERE FINDIR	NGS LISED
CERTIFICATION	None							IN CERTIFYIN		OF DEATH?
ERT	None	DERLYING [	7 216. TIME O	F INJURY		21¢ HOW INJURY OCCURR	YES NO	YES [	1.00.0487.3)	NO X
	OR CONTRIBUTING	-		M. MONTH DAY	Y YEAR	The trott model occord	ED TENTER NATURE OF INTO	KI IN IICM IB PAKI	ORPARI 2)	
S	(IF EITHER NOTIFY MEDI				19	-			~ -	-
MEDICAL	21d INJURY OCCUR		(AT HOME STR	OF INJURY EET, FACTORY, OFFICE, FAI	RM, ETC )	21f LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	AT WORK NOT WE	RK	ne	one				-		-
	22a.1 certify that (I)		m / 1	deceased from	6/	1/82 19	_, to7/3/3	<b>32</b> 19.		that (I) (we) la
	sow the decease	ed olive on	t) view the body	OZ 19	, o	nd that in (my) (our) opinion d	leath accurred on the d	ate and hour ar	nd from the	couses stated
	226 SIGNATURE	ara, jara no	1.	arter debrit		DEGREE			22c DATE	SIGNED
	Win	1	il		N	10 ATTENDING	MEDICAL STA		7-6-	-82
	224 PHYSICIAN'S N	AME (TYPE C	OR PRINT)	-	, ,	22e ADDRESS	CONFECTOR   PHISH			
	Will	iam '	W. Lesl	n M.D.		411 Divis	ion Ave	Hager	stowr	1,Md
23a	BURIAL, CREMATION.	REMOVAL	23b DATE	23c N	AME OF C	CEMETERY OR CREMATORY	123d LOCATION			
	burial		July 6			Hill Cemetery	Hagersto	TAL	OUNTY	STATE
	UNERAL DIRECTOR	> CTNTN					RECD. BY REGISTRAR			
	NAME	MINI	ICH_FU	NERAL H	OME		L 4 1987	N. Delica	Chi	-

Wilson Blvd., Hagerstown, Maryland 21740

DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows any

24 FUNERAL DIRECTOR
415 E. Wils

Petastatio Gercinome Goyon  Carcinome Colon  Ulabetes V: Nyvertensive Cardio-vasquiar Giseane  None  Tone  T					
Petartatic Cercinoms - Gry Carcinoms colon 6 yrs Dispetes W; Nycertensive cardio-vascular ciseans None - X none none 7/1/82 6/1/ 82 7/3/82					
Tetastatic Gercinome Gercinome Gercinome Gercinome Gercinome George Gercinome George Gercinome George Gercinome Gerc					
Peractatic Carcinome  Carcinome  Carcinome  Cyrc  Diabetes %; Mycertensive cardio-vascular disease  None  none  7/1/82  7/1/82  7-6-32					
etactatic Gardhome - Gyrclhome - Gyrclhome colon cyrclabetes N; Nycertensive cardlo-vascular ciseaus colon colone - Stanto - Stan					
Dispotes V; Nyvertensive cardio-varcular disease  None  none  7/1/82  7-6-82					
Dispotes V; Nyvertensive cardio-varcular disease  None  none  7/1/82  7-6-82					
Discrete N: Nyvertensive cardio-vascular disease  None  none  7/1/82  7-6-82					
Diabetes : Tyrertensive card o-vascular disease  hore  cone  none  7/1/82  7-6-82	ven -			917	
hone none none 7/1/82 6/1/ d2 7/3/82	6 yr:	0.7	clnome col	080	
hone		A 11 A 11 A 12 A 12	Ingaay a law	ov setveru	li elektrika ili
none				.5 9.22.,63 501	
none	No. 10 cm do 4		qq	enna	anon.
26-9-6	agus selv con que	S/\(\n)	SE VIV	3101	
	Marie State			7/1/82	
William W. Lesh M. D					,
	7-6-82				